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ABSTRACT

This final report describes activities and accomplishments of a 3-year project in Mississippi to encourage the use of best practices in early intervention with children having disabilities and to increase community-based service options through use of a flexible inservice training and support model. The outreach training model focused on consultation and coaching skills for local education agency utilization teams providing early childhood special education services. In addition to training, the project provided ongoing technical assistance, materials, and networking among implementation sites. A video, training manual, workshop materials, and a quarterly newsletter were also developed. As a result of the project, the number of districts providing services in inclusive settings went from 4 to 58. Individual sections of the report describe the project's goals and objectives; its theoretical and conceptual framework; the training model, activities, and participants; barriers, responses, and model refinement; research and evaluation findings; and project impact and dissemination activities. Most of the document consists of appendices including demographic data, child outcome data, goal attainment comparison data, workshop satisfaction data, and a map showing the project's impact. The trainer's manual (including overheads) and participants' manual for the 3-day workshop are also attached. Topics covered in the manuals include current and recommended practices in early childhood programs, various agencies and individual team members involved, strategies to encourage team building, communication for team effectiveness, problem solving, assessment practices, the consulting relationship, competencies for inclusion, coaching, and the consultation plan. The manuals contain extensive handouts, questionnaires, and other resource materials. (Contains 42 references.) (DB)

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PROJECT COACH OUTREACH:
Transdisciplinary Consultation/Coaching Training for Implementing Integrated Model Programs and Best Practices

Final Report

Early Education Program for Children with Disabilities
U.S. Department of Education
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ABSTRACT

PROJECT COACH OUTREACH: Transdisciplinary Consultation/Coaching Training for Implementing Integrated Model Programs and Best Practices

The purpose of this project was to encourage the use of best practices in early intervention and increase least restrictive community-based service options in Mississippi. This purpose was accomplished by promoting adoption of a flexible inservice training and support model which developed and evaluated by Project Coach, an EEPCD inservice project funded from 1989 to 1992. The project facilitated the use of inclusive community-based programs by Local Education Agencies (LEAs). The pilot Project Coach project implemented a consultation method for enhancing the ability of community preschool programs to fully include young children with special needs. This model proved successful for meeting the needs of staff and children in these settings. The findings of this project and a substantial body of literature indicate that in order to achieve effective implementation of community-based inclusive service models, coaching and consulting competencies are needed by all professionals comprising an intervention team.

The outreach training model provided training in consultation and coaching skills for LEA utilization teams providing early childhood special education services. The consultative approach taken included such roles as coordinating, modeling, coaching, and co-teaching to address the unique needs of the child and teacher in the inclusive setting. Modeling and coaching were used to increase skills and provide program-specific support to regular early childhood professional and paraprofessional staff. Model sites provided for demonstration, practice and observation training experiences. During Year I these sites were selected from among the successful Head Start and child care settings identified during the first project. During Year II, Project Coach Outreach trained four additional utilization teams and sites from key regions in the state. The project provided training in the model, ongoing technical assistance, materials, and networking among the sites. Planning, technical assistance and training for all model sites included collaboration with other available training resources such as EEPCD national and multi-state outreach training projects.

Training materials for basic competencies were refined, evaluated and expanded. Critical competencies for consultation and coaching were evaluated in light of different curricula, settings, and participant response and evaluation. Training materials are available for dissemination nationally.

The four major goals of this project were: (1) To increase the consultation/coaching and transdisciplinary team coordination skills of professionals at the inservice level; (2) To provide models of effective consultation-based services for training including employment of a utilization team training approach to promote implementation at the local level; (3) To further delineate and refine training methods and materials to promote effective consultation in integrated early childhood settings; and (4) To evaluate the effectiveness of the model and disseminate the results and products of the project.

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I. PROJECT GOALS AND OBJECTIVES

The purpose of Project Coach Outreach was to increase the availability of receptive, prepared and supported natural environments for young children with special needs. Although the right to an education in the least restrictive environment and the right to services that are centered around the family have been supported as best practices and legislated, the actual practice has lagged behind in most states and these opportunities have remained elusive for many children (Berres & Knoblock, 1987; Rose & Smith, 1994; U.S. Department of Education, 1993; MS Department of Education, 1993; U.S. News & World Report, 1993).

From 1992-1995, Project Coach Outreach refined, implemented and evaluated a model to enhance the ability of community-based programs such as Head Start and child care centers to adequately serve young children with special needs. Local education agencies were supported through training and technical assistance in the adoption of an individualized on-the-job consultation and coaching model to meet the unique needs of the child and teacher in an inclusive setting. The coaching model of consultation was used to augment or develop skills of professional and paraprofessional staff in typical early childhood programs. The focus of the outreach training was on team building, the development of effective consultation skills (particularly coaching) and the promotion of developmentally appropriate practices in early childhood settings. The project disseminated the model on a strategic state-wide basis for the purpose of promoting best practices in early intervention and increasing inclusive, community-based service options.

The specific goals of the project were:

(1) To increase the consultation/coaching and transdisciplinary team coordination skills of professionals at the inservice level

(2) To provide models of effective consultation-based services for training, including employment of a Utilization Team training approach to promote implementation of the model at the local service level

(3) To further delineate and refine training methods and materials to promote effective consultation in integrated early childhood settings

(4) To evaluate the effectiveness of the model and disseminate the results and products of the project.

These goals were to be achieved through the implementation of the following objectives: (I) establish, train and implement a local Utilization Team as a model for outreach training; (II) identify, train and implement Utilization Teams in four areas of the state in the consultation/coaching process.

The following report reflects the accomplishment of these goals and objectives as confirmed by the satisfaction with the training, goal attainment by children and trainees, positive impact on the numbers of children served in inclusive settings, and development of products, including a manual and video outlining the processes used in the model.

II. THEORETICAL AND CONCEPTUAL FRAMEWORK

A. Community-Based Services and Inclusion

The arguments for the importance of service delivery in natural settings abound. A number of studies (e.g. Bricker & Bricker, 1971; Bricker, Bruder & Bailey, 1982; Cooke, Ruskus, Apolloni, & Peck, 1981; Hoyson, Jamieson & Strain, 1984; Guralnick, 1984) have shown that children with special needs show positive developmental and social gains as a result of participating in an inclusive or integrated setting. Others (e.g., Espositio & Peach, 1983; Twardosz, Nordquist, Simon, & Botkin, 1983; Peck, Carlson, & Helmstetter, 1992) have shown that inclusion benefits typically developing children as well. Galloway and Chandler (1978) describe quality features of early education systems for young children with special needs. Important features described are a community-based system and services provided special needs that are specialized according to individual needs but "woven" with non-specialized services shared by all other children served. These critical features imply that children with special needs are best served through the generic service system using a consultation-based approach. In general, there is ample support in the literature regarding the importance of providing early services to young children in natural, natural environments (Galloway & Chandler, 1978; Rule, Stowitchek, Innocenti, Striefel, Killoran, Swezey, & Boswell, 1987; Strain, 1990).

It is important to recognize that natural environments for preschoolers are either at home or in an out-of-home day placement such as child care or Head Start, or some combination of settings. It is logical to assume that families of children with special needs should have access and need access to these same typical environments, especially since recent statistics indicate that, as projected, over two-thirds of children under six have working mothers (Hofferth & Phillips, 1987; Harris Poll, 1992; MS Kids Count, 1995). Special needs children and their families have no less a need for such services than others.

Lack of knowledge, experience, and fears on the part of administrators, staff, and parents discourage many early childhood programs from accepting or including children with special needs, particularly if those needs are severe (Berres & Knoblock, 1987), require assistive technology devices or involve medical complications. The barriers of inexperience and fear from the child care community combined with the inexperience of public school staff in supporting them creates the potential for the growth of segregated programming. Therefore, to achieve a service delivery system that makes available receptive least restrictive environments, we must recognize that receptive LREs require prepared early childhood programs which, in turn, require an effective consultation and training model. Certainly in states like Mississippi where state-wide special education services for the young child are new, staff training and technical assistance are especially critical.

Early survey results conducted during the initial needs assessment phase of the project indicated that early childhood programs would gladly accept even severely disabled children if provided professional support. Surveys conducted in the local area by Project Coach yielded only one child care center out of over forty which was unwilling to accept children with special needs if given support. These findings support the results of other demonstration projects in other parts of the country (Mulligan-Gordon, 1994; Sullivan, Shuster, and Sheriff, 1987).

For the past three years Project Coach Outreach has developed and evaluated a collaborative, individualized, responsive model. The method of service delivery is tailored to meet the needs of the children within an inclusive setting. Consultation incorporates skills such as individual coaching; intervention approaches have been drawn from a variety of user-selected validated curricula and practices. Developmentally appropriate practices (Bredecamp, 1987) have served as the foundation and context for all programming. Our data, to be discussed in more detail elsewhere, support other research findings on the effectiveness of the consultative model for delivering services in natural environments.

B: Outreach and Inservice Training:

The larger body of research on which this project was based defines best practices in inservice training and the importance of this training in order to arrive at a quality service delivery system. First, there are several characteristics of inservice training models which have been found successful in helping participants learn how to do something differently. Korinek, Schmid, and McAdams (1985) concluded that the training activities emphasizing specific behavior change were the most effective, yet the least used. Korinek and his colleagues further state that inservice designed to produce behavior change requires active involvement of the participants, and a program built on careful assessment of the specific training needs and related objectives, as well as regular observation and systematic feedback. Key factors linked to the development of successful inservice training programs emphasize the application of adult learning principles (Orlich, 1983, 1989; Trohanis, 1985). Some characteristics considered within the realm of most delivery systems and identified in the literature are:

1. Active involvement of the participants (Orlich, 1989, chap. 1; Sparks, 1983);
2. Individualization and relevance through careful assessment of specific training needs (Byrne, 1983; Farris & Fluck, 1985; Orlich, 1983; 1989, chap. 1);
3. Careful, clear, specification of the skills to be learned (Korinek, Schmid, & McAdams, 1985);
4. Regular observation and feedback at the work site as staff attempt to implement new skills (Wolff, Prescott & Gutierrez, 1987).

Coaching:

One method of inservice training that includes each of the above characteristics is coaching. Joyce and Showers (1981) found that most teachers would transfer and integrate new approaches into their classrooms more efficiently when a coaching component was added and used effectively. Many books and articles on teaching models have included a coaching component (Joyce & Weil, 1986; Brandt, 1989). Cleven and Gutkin (1988) found that modeling the cognitive process of problem solving yielded significantly improved results in enhancing professionals' problem definition and process skills. Miller, Harris and Watanabe (1991) found that coaching in which direct feedback on performance was given resulted in increased targeted teacher competencies. Showers (1982) reported increased transfer of skills into practice when individual coaching followed teacher training, as compared with controls. Showers further reported that the coached teachers' students displayed improved performance as well. Neubert and Bratton (1987) concluded coaching was a necessary component of training for teachers. Arguments pointing at the costs created by individualized coaching by consulting specialists have been countered by trainers who point out the expense involved in non-use of improved practices following traditional workshops.

Consultation and Collaboration:

In the broader context of consultation and collaboration, which was used to design and refine the training methods, a number of research efforts undertaken in the last fifteen years have investigated the effectiveness of these practices in schools. The vast majority of these studies have consistently reported positive results for individual consultation with teachers as a means of changing or implementing practices (Medway & Updyke, 1985; Fuchs, Fuchs, Bahr, Fernstrom, & Stecker, 1990; Peck, Killen, & Baumgart, 1989). Although there have been confounding factors in many of the studies that have reduced comparability, some investigators have attempted to pinpoint those effective elements of consultation models that apply for different variables. For example, Thurlow, Christenson, Ysseldyke, Muyskens & Weiss (1989) found higher levels of satisfaction from families and teachers for specific instructional consultation. With regard to collaborative models, Wolery (1991) suggests collaboration as the primary means of addressing the problem of fragmentation of knowledge created by specialization in early intervention. However, collaboration and teaming are appealing concepts, but not easily achieved, as we have found. Collaboration goes beyond the signing of cooperative agreements, which has been the vehicle typically used to organize services. The lack of success of cooperative agreements alone has been attributed to agencies' autonomy, and differences in philosophy and service goals (Bruder & Bologna, 1993). The key is the development of common philosophies and goals. Collaborative teams need continual communication and training, and that training must be relevant, accessible, and reasonable in scope (Heekin & Tollerton, 1994).

III. THE OUTREACH TRAINING MODEL, ACTIVITIES, AND PARTICIPANTS

A. The Model Design: An Overview

The formal training activities were implemented through annual workshops and frequent on-site training in the service settings. Site visits were made every 4-6 weeks, during which the project staff utilized a variety of consultative and training methods. In addition to workshops and individual technical assistance on-site, a minimum of weekly and often daily conversations occurred with the participants. Training and technical assistance was highly individualized and designed around a comprehensive assessment of the needs of the children and teams. Emphasis was placed on individual coaching to augment or develop skills of professional and paraprofessional staff working in the settings. Training followed a predictable sequence for implementing new practices. Initial needs were logistical and conceptual, while needs at the end of the project were aimed at refining methods that would be most effective in each individual program.

The Project Coach Outreach model is a highly flexible and individualized method of assisting inclusive early childhood programs. It provides support for adapting their environment and curricula, learning and using new skills, working as part of a transdisciplinary intervention team and meeting the individual needs of children and their families in their unique settings. The model allowed participants to select from a variety of instructional approaches and curricula in special and early childhood education. Therefore, the model offered freedom and flexibility in choice of programming within the limits of currently recognized standards of practice.

The critical components defining use of the model included: services primarily conducted in a fully inclusive, developmentally appropriate setting, a functionally based IEP/IFSP derived from a comprehensive, ecologically valid interdisciplinary assessment, a consultation plan built around child, family and staff needs assessments, use of modeling and coaching for new skills, ongoing support, family involvement, and transdisciplinary teaming. In the model, consultants were expected to be able to attend and respond to individual differences in staff and settings, blend developmentally and need-specific best practices, weave interventions into the routine of the day, utilize peers to augment staff efforts, plan group activities for many levels of participation, work closely with the family, and, finally, they were asked to share their experiences and practices with others.

B. Participants

Utilization Teams

Utilization Teams were identified in key areas of the state: Forrest, Jackson/Harrison, Hinds, Clay and Washington counties. The project began in Forrest county and expanded each year. Harrison county was added officially in Year III because of their strong interest and rapid progress in using the model during Year II. The teams were comprised of staff from the local education agency and community early childhood program staff, e.g. Head Start, preschool or child care. During the three years of the project there were 15 Head Start Centers, 6 licensed family day care or child care/preschool centers, and 4 federal/state funded child care programs, including one military base preschool, that were involved in the project. The project participants were identified based upon their location, interest in participation, experience and training, and professional roles. The sites chosen were representative of early childhood settings typically available regionally and nationally.

The regular early childhood staff ranged widely in education and experience. The Head Start staff were typically older and more experienced than the private providers. There are very minimal requirements in Mississippi for direct child care staff. High school diplomas or partial college educations are common in these positions. There are increasingly stiffer requirements for area Head Start teachers. All Head Start lead teachers held at least a Child Development Associate (CDA) degree and most other staff had at least partially completed these requirements.

Most direct training from the Project Coach Outreach staff was focused on 10 itinerant special educators/therapists who functioned as consultants in the early childhood programs, as well as an additional 28 team members on their teams. These consultants, in-turn, were responsible for building competencies among the direct staff in the early childhood programs. Their consultation and training activities were directed to 52 direct staff such as teachers or assistants, although directors, social workers, drivers, volunteers and any other support personnel attended awareness and knowledge based training. Attrition was present within all teams. Family relocation, maternity leave, and job changes were typical causes of attrition among participants.

Children and Families

Most children with special needs that were served demonstrated mild to moderate developmental delays, although children with severe disabilities were also served. Some of the identified disorders included: traumatic brain injury, Down Syndrome, autism, hearing and vision impairment, language disorders, and cerebral palsy. The average age was four years. The numbers of children targeted for inclusion increased to a high of 75 in the third year of the project. Comprehensive assessment data were obtained on a total of 60 children. The majority of the children and families that benefitted from this project were from groups that have been traditionally underserved and underrepresented. They included members of racial and ethnic minority groups, low income families, rural communities, and children with special needs. The project assured a high degree of equal access for members of these groups. Table 1 describes the children by race, sex, and age.

TABLE 1

CHILD DEMOGRAPHIC DATA		n=60
VARIABLE		
Race	White Nonwhite	25% 75%
Sex	Male Female	63% 37%
Child's age at entry	Mean Range	4.12 1.0 - 6.0 Years

C. Outreach Training Activities

Over the three years of the project, trainers conducted intensive, ongoing consultant and team training and technical assistance for the LEAs serving Head Starts, preschools, and child care centers. Also three intensive workshops were held in the summer on the University of Southern Mississippi campus. Consultants also joined the project staff as co-presenters at conferences and local workshops for direct staff. This was part of their training to be trainers, an important role of the consultant. Arrangements were made with the Mississippi Department of Health, which is the licensing agency for child care programs, to recognize any training conducted by the project as credit toward child care staff training requirements for continued licensing. Consultation and coaching services were provided in the inclusive settings for the duration of a child's/children's placement. No more than five children with identified special needs were included in a classroom. The more common placement included only one child with an identified disability.

Training Approach. The following sections describe the primary goals and implementation approach for each of the three levels of inservice training: awareness, knowledge and skills. Although each level is important, the project staff time concentrated on the skills acquisition phase of the training. All training was data-based in that activities were adjusted in response to assessments. The process followed a "train-the-trainers" model. The consultants and their support team from the LEA were trained in consultation skills and relevant intervention skills pertinent to the children and staff being supported. They applied those skills to coach, educate, consult with, and assist direct service staff.

For those team members involved in the skill-based level of training, the approach to training was to address immediate concerns and then gradually introduce less urgent information and skills. This approach was used for and by consultants. These procedures resulted in an acceptance of the presence of the project staff in the classrooms. The following section describes the training by activities. Initial assessment of the child, family, environment, and staff needs assessment provided input for the Professional Development Plan. Ongoing assessment provided for revision.

Level 1: Awareness Training

For consultants, awareness level training was conducted in the summer workshops. Workshop presentations introduced them to the model and its conceptual framework and rationale. Awareness level training was also conducted through conference presentations designed to disseminate information about the project and model on which the project was based. At the local service level, awareness training was conducted for early childhood program staff at staff meetings and through workshops conducted by the project staff, the consultants being trained or by both. When conducted by both, mini-workshops provided training for the center staff and also provided practice in adult training for the consultants. Topics were selected based on interviews and requests, and using a collaborative decision making process.

The goal of the awareness level training for consultants and their team members with an understanding of the various roles; the different organizations' cultures, including their rules and regulations, and a conceptual framework for consulting in order to support inclusion. For the early childhood direct staff, the goal was to provide programs a positive perspective and rationale for serving children with special needs, and to allay concerns and fears. The awareness materials and information for child care centers was made available to each district and the chose how they would conduct awareness in their own communities. The original model project used a slide presentation that provided an overview of developmental and behavioral characteristics of these children, suggested inclusive strategies, and provided the rationale for full inclusion and early intervention. Family members, when present, were asked to contribute their perspectives on the importance of inclusion, their concerns and experiences.

Level 2: Knowledge-Based Training.

The goal of the knowledge-based training activities for consultants was to increase their knowledge of systems and resources, intervention methods, developmentally appropriate practices, adult learning and, particularly, communication. Knowledge-based training for the team included information about coaching and consultation techniques, theory, team building, and intervention techniques. An emphasis was placed on how to modify the curriculum to blend recommended practice guidelines of the National Association of Education of Young Children (NAEYC) and those of early childhood special education and planning activities for many levels of participation. The same training and support framework expected for the team to use with caregivers and early childhood staff was used and demonstrated with the team.

The goal for the early childhood staff it was to increase their knowledge about the behavioral and developmental characteristics, interventions, and support needs for children enrolled in their programs. Knowledge-based training occurred primarily through technical assistance activities, and also through workshops, and with the coaching activities. Because each of the settings and consultants were so unique, the majority of the knowledge-based training was one-to-one and individualized. Every effort was made to create formal mini-workshops for topics with widespread interest. The training method used varied according to topic and the number of staff interested in being present. Some commercially available and IDS developed audiovisuals were utilized. Written materials were made available to the staff as they are needed and requested. Also, participants were informed through newsletters, flyers and memos about national conferences and other training opportunities. Many of the participants took advantage of these trainings. Some of the topics covered in the structured workshops included: characteristics and interventions, adapting the curriculum, social inclusion, working with families, adapting materials and the environment. Knowledge based workshop training was conducted for 22 hours for 149 individual staff.

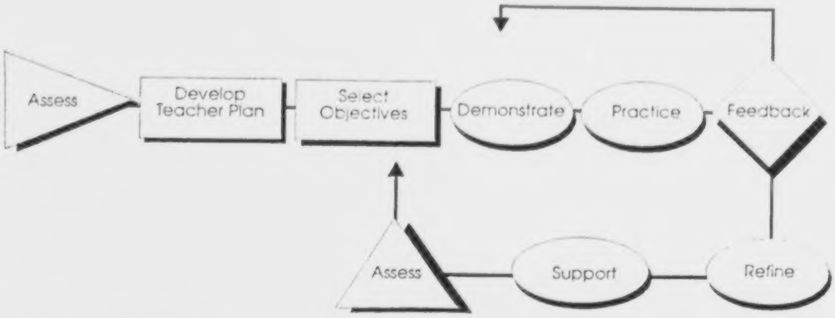
Level 3: Skill Based Training

In the third level, the consultants acquired skills in communication, coaching, planning, problem solving, instructional methods and other techniques used within the consultative role. Skills training was a train-the-trainers model. Most of the skills needed by the team centered around coaching and consulting. Also included were the skills specific for the environment where services occurred. Skills training built upon many of the knowledge-based activities. Other needs were met in the content of coaching demonstrations, coordination with other trainers, and video resources.

The direct staff acquired specific skills needed to serve a child or children in their particular setting. Consultants utilized modeling and coaching to impart and reinforce these skills. The coaching inservice training model implemented through this project is detailed in the training manuals, *A Manual for Consulting and Coaching in Integrated Early Childhood Programs* and *Building Opportunities*. Skills were selected and prioritized on the professional development plan. A few of the skills that have been "coached" in the project included: feeding, positioning and handling, adult-child communication, prompting/cuing, role play, positive guidance, transitioning between activities, incidental teaching, and encouraging social interaction.

FIGURE 1

Figure 1 depicts the coaching cycle.



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The more specific coaching model components described in the project manual are as follows:

Preliminary planning

1. Analysis of all assessment data
2. Identification and operationalization of training objectives (Professional Development Plan - PDP)
3. Collection of baseline data

Trial and evaluation

4. Demonstration in the setting of all strategies and techniques to be used (PDP Field Validation).
5. Collaborative critique and refinement of the PDP
6. Review of baseline data and additional collection if needed

Discrete skill training

7. Verbal explanation of and rationale for the specific skill (steps and critical components are delineated)
8. Demonstration of the desired skill by the "coach" in the natural environment
9. Teacher practice of the desired skill with guidance
   a. Optional simulated setting (e.g. trainer role plays child)
   b. Natural setting
10. Discussion and feedback following the training session
11. Written feedback and information left with trainee
12. Maintenance through monitoring, review and coaching

As stated previously, the participants represented varying degrees of education, skills and experience, and the children required different intervention objectives and teaching strategies. Therefore, the approach for supporting a teacher or consultant was outlined in a Professional Development Plan. The purpose of this plan was to make help-giving a response to concerns, current practices and knowledge. This concerns-based model is described by Hord and Loucks (1980); Hall, George, and Rutherford (1986) and Heck, et al. (1981). Project staff assessed consultant knowledge, experience and use of inclusion by conducting a structured interview described by these authors for assessing "innovation configurations" and "levels of use." Also needs were assessed weekly through telephone interviewing. The initial focused interview consisted of specific questions regarding current practices, knowledge, experience and concerns about utilizing the model. The assessment resulted in an action plan to target specific needs and skills. The consultant/coach developed additional plans for the direct staff based on specific programmatic needs of the child or children. Timelines for implementation were also established. The intensity of the training varied with respect to requests, complexity and importance. Numbers of requests and intensity of support needed fluctuated across sites and individuals. All sites received a basic schedule of training and technical assistance, additional support was consumer-driven.

IV. BARRIERS, RESPONSES AND REFINEMENT OF THE MODEL

Limitations for implementation of this project stemmed from professional staff turnover and Mississippi's delay in full implementation of Part H. Part H did begin state-wide services in 1994, but the numbers of children being identified were and are still very low, thus hampering Child Find and the stability of positions to serve preschool children. As in the previous project, much time was spent by the LEA team members identifying children for services, an activity which limited their training and service time, and created a certain amount of job insecurity.

A second major obstacle arose from greater than expected attrition among participants. In the first project the attrition was among children, in this outreach project, the attrition was among the professional staff. During the three years of the project, approximately half of the special education directors, teachers, and therapists moved, retired, or changed jobs. As Mississippi did not previously have preschool services, the number of professionals with experience or training in young children was very low, thus making attrition during the project even more difficult from a stand point of training. Even at the state level there were major personnel changes among the key decision makers. The project adapted by using a mentoring approach between the new and experienced staff within each site, and by focusing on the essentials. In some ways this actually enhanced the project, because it allowed project staff to provide technical assistance during an experience that might have occurred only after the project had concluded. Nevertheless, our future outreach training projects will contain attrition contingency plans and a method for orienting new staff. .

As occurred in the original model project and was anticipated, the third barrier arose from attitudinal, conceptual and philosophical differences among team members. Consultant/coaches and early childhood staff sometimes differed on educational philosophies and practices. The most common difference that created conflict was over classroom management and behavioral support. Practices were viewed as either too strict, stern and regimented, or they were too inconsistent and laissez-faire. Curricular concerns did not surface in the beginning. Consultants clearly went through stages of concern. After the logistical and basic skill barriers were surmounted, they began to be increasingly concerned about developmentally appropriate practices as they influenced inclusion and the child's objectives. On the other side of the issue, the classroom staff sometimes viewed the consultants' suggestions as unrealistic or inconsistent with what was expected of them by supervisors. The consultants became very aware of the importance of good communication and problem solving. In those sites where center-based, segregated services had been present prior to the preschool mandate, and this had been the only option for families, more resistance towards inclusion was present. Consultants were asked to be particularly sensitive to inclusion concerns, monitor children's progress carefully and give appropriate feedback frequently. The children's successes were the best means of changing attitudes, but it often required hard data to truly convince staff who were accustomed to referring children to a special program. The primary solution to many of the problems faced in this project were resolved through the basic process of people helping people. There were not many situations that could not be overcome with understanding, negotiation, and creative problem solving by those with authority to take action. The teams became increasingly skilled at recognizing the source of problems, and knowing who needed to be part of the solution. A great deal of credit for the success of the program must go to the risk-taking, determined and dedicated individuals at all levels of responsibility who made it all work. New relationships were created in many places that had previously been present, and will remain as positive forces long after this project.

There were differences in the effectiveness of consultants. Although our data are not sufficient to definitively interpret the critical elements. We were able to form some hypotheses about the interaction of personal, environmental and interpersonal variables.

As we found in our previous project, for those with interests in managing an outreach project in which trainees have diverse needs and unexpected requests...keep your plan simple. A project such as this requires team organization and a planning system. After experiencing several complex systems for managing project tasks, the team adopted a highly accessible, inexpensive and flexible management system: daily/weekly/monthly and yearly laminated planners posted on the wall in central work areas, constant communication, and a written log for each site containing summaries of all communication, training, and materials provided. All project staff worked together in the truest sense of team, and modeled those behaviors for the teams being trained.

V. RESEARCH AND EVALUATION FINDINGS

Year I evaluations were for planning and refinement of the training model to be used. In Years II and III data were collected on use of the consultation model, goals attained by members of the teams, child developmental progress and child goals obtained, and satisfaction with the training model. Only those data contaminated or incomplete due to attrition or restricted participation are not reported.

A. Child Outcomes

Positive child outcomes were not as robust as has been found in the original model project, although no evidence was found to refute the benefits often cited for inclusion of young children (Rule, et al., 1987; Strain, 1990). Data were collected in this project to add to this body of research and to further explore the relationship between effective training and consultation, and effective inclusion. Because of interest in the relationship between competencies and child outcomes; child assessments were conducted in concert with those of the consultants and direct staff. As expected, children obtained the majority (75%) of their individual educational goals within expectancies. In two of the sites, children exceeded expectancies for more than half the goals set for them. Goal setting, although based upon a comprehensive assessment, is not an exact science and therefore these results must be interpreted with due caution. The project utilized goal attainment scaling (Bailey & Simeonsson, 1988) in order to collectively evaluate child outcomes among very different children with different goals, and also used developmental inventory profiles to obtain a more objective measure of progress. The Early Learning Accomplishment Profile was most commonly used, and was administered to children at the beginning and end of the program year. The data gathered indicate that the children met or exceeded developmental expectancies in the great majority of areas. Table 2 summarizes these data. More detailed tables may be found in Appendix A.

TABLE 2: Child Outcomes Summary

Developmental Profiles (n=60)	The majority of children met or exceeded developmental expectancies in ALL domains. As a group, 26% of the developmental expectancies were not met within individual domains, with the most common being in the fine motor domain..
Goal Attainment Scaling (n=60)	75% of individual goals were attained at or above expectancies with percentages by site ranging from 60% to 93%.

B. Trainee Outcomes

Outcome evaluation data for the consultants and direct staff consisted of the Levels of Use interview (Hall & Hord, 1987), and Goal Attainment Scaling of the Professional Development Plan (PDP); and a 19-item participant satisfaction questionnaire. The first two instruments were used as pre- and post-tests. The degree to which early childhood staff persons implemented specific instructional strategies was measured on an ongoing basis through direct observation of performance.

The degree of implementation of and satisfaction with the model. This was accomplished through application of the evaluation model described by Hord, et al. (1987) and a nineteen item satisfaction survey. This assessment was used in both a formative manner in order to tailor training procedures, and a summative manner to gauge the extent to which the project accomplished its major objectives. The Hord model is based on the premise that innovation in educational strategies are easy to introduce, but difficult to implement if implementation means an actual change in staff performance. The model provides techniques for implementing change which were consistent with the project's philosophy of individualized, responsive training and a methodology for measuring the extent to which the training objectives are met.

Levels of Use interviews conducted with the primary consultant/coaches at the beginning of training placed them at Orientation or Mechanical levels. These are very early stages of use and do not represent stable, satisfactory levels of use or competence. Interviews conducted at the end of training yielded evidence that all had progressed, three reached only a Mechanical level, but all of these individuals had spent a year or less in the program. Eight participants reached a Routine, proficient level, and the remainder achieved advanced levels of use.

Satisfaction with Formal Training: Summer Workshops

Satisfaction questionnaires were completed by participants in the project attending the intensive summer workshops, "Shared Opportunities" and "Building Opportunities", which are outlined in the project's manual. A twenty-four item rating scale was returned anonymously. A Likert-type scale was used with 1 = low and 7 = high satisfaction. All item scores were above average. Overall satisfaction with the training was rated at 6.75 and 7.0.

An analysis of responses may be found in Appendix A. The range obtained on other questions was 6.45-6.48. Satisfaction with the awareness and knowledge based workshops was equally high. Twenty-two hours of formal training was provided for 149 individuals.

Achievement of consultation and inclusion competencies. In addition to Levels of Use, goal attainment scaling was completed for each consultant and the staff they served. These were the goals directing each individual's professional development plan. Goals varied, depending upon the stage and role of the individual. A typical consultant goal was to clarify her role for the staff; establish trust, rapport, and open communication; and use a variety of appropriate methods to meet the staff's needs. For the staff, goals were more child specific and reflected critical competencies such as adapting the curriculum, using strategies to socially integrate the child, etc. Consultant data are reported in Table 3, teacher/staff data are found in Table 4. Both sets of data reflect general success in reaching these very individual sets of personal goals. Tables 3 & 4 depict total group scores on the scale for each of site.

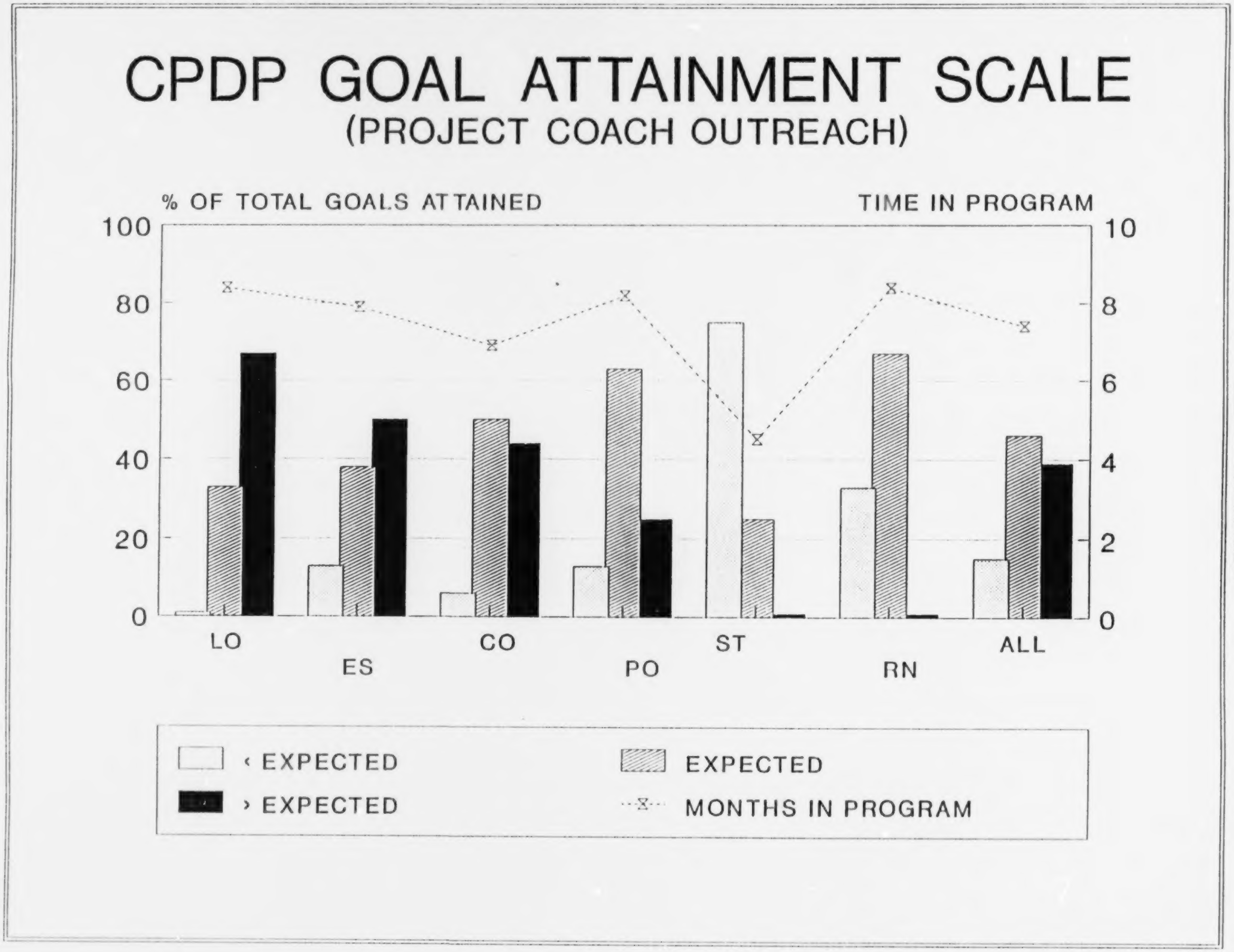
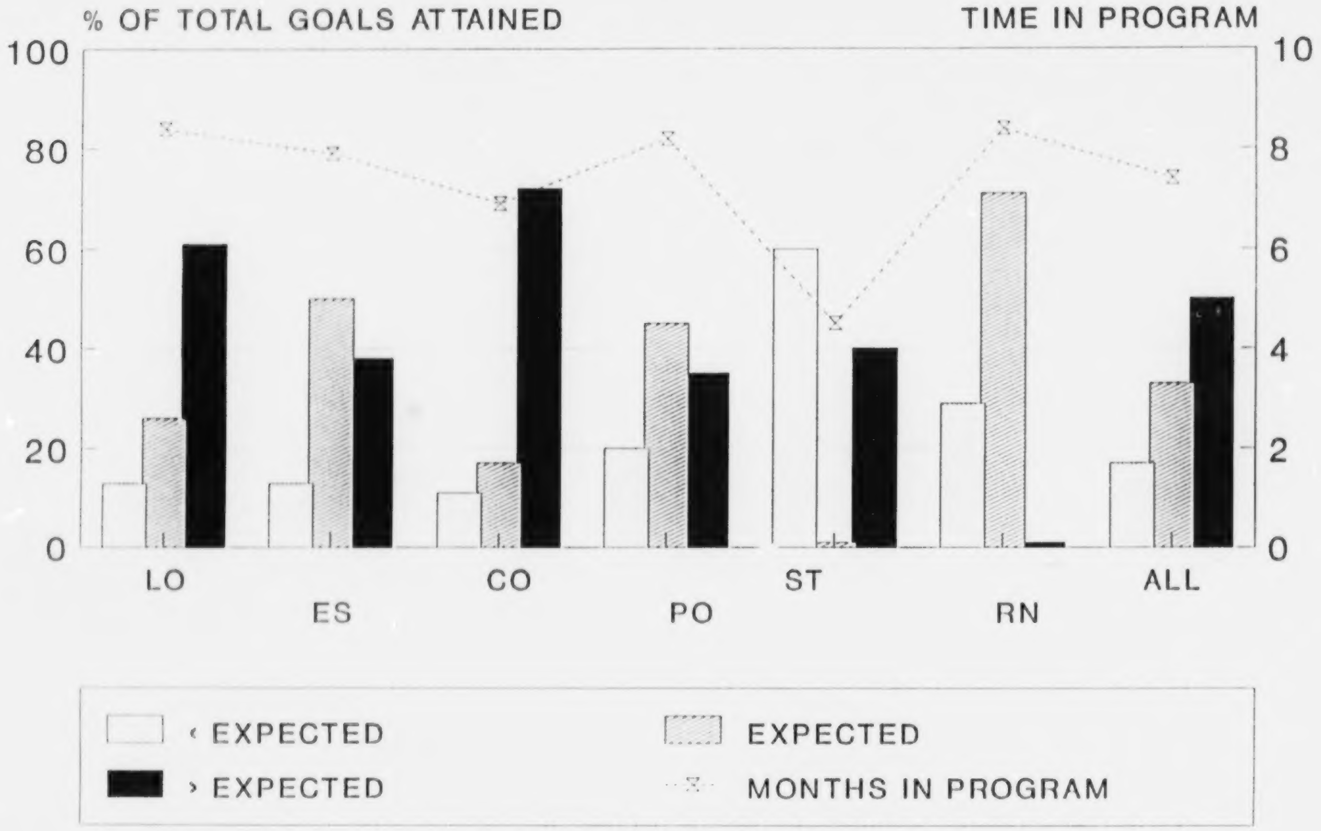


Table 3 Consultants

Table 4 Teachers

TPDP GOAL ATTAINMENT SCALE

(PROJECT COACH OUTREACH)



Qualitative Evaluation: Site Logs

A tool that was used for organization and management purposes was discovered to be a rich source of qualitative information about the development of the teams. There were definite, predictable patterns across sites as they undertook this new way of delivering services. The first months usually presented cautious communications across agencies with much responsibility put on the project staff to act as mediators and communicators. Usually several months passed before evidence of real attitudinal changes were voiced. In these early stages it was very important to maintain high levels of communication. Lack of communication was often interpreted as lack of commitment or collaboration. The relationships were typically very insecure on both sides. The theorized stages of concern were very evident from the participants' communications. Early stages revealed personal and logistical concerns. Most consultants confessed that it required a full year to feel that they understood their roles. No consultants became concerned or focused on the early childhood curriculum and its intricacies until they felt well grounded in their own roles. For those consultants who were in the project more than one year, evidence of keen interest in refinement of their practices as consultants and interventionists. Also their standards for what they felt was acceptable in an early childhood environment slowly increased as they understood the importance of developmentally appropriate practices.

Not all consulting relationships were positive. There appeared to be a definite advantage for consultants and staff with more teaching experience. The ability to communicate effectively and negotiate conflict was critical. Also, if the consultant was not credible or did not listen well to the needs of the teachers, problems quickly arose. If the inclusive setting was promoting strong, appropriate experiences for all of the children, most of the conflict was easily surmountable. Regardless of the skill and knowledge of the consultant and team members, it was very difficult to be effective if the quality of the environment was poor where the child was being served. The most stressful experiences for consultants was how to approach violations of acceptable standards of care for young children. This did not happen often, but it was a serious issue that called for a careful, ethical response that would not undermine the team functioning. It was in these situations that the relationships with the administrators was so important.

C. Conclusions

Based upon these results, there is further evidence from the model to outreach that the inservice training model which utilizes on-the-job, individualized training and technical assistance, including coaching, is effective under the conditions of varying teacher training, experience, settings, and child needs. Consultants achieved the great majority of the goals set for them, and they in turn were able to help the staff they supported achieve most of the goals set for them. There was a clear relationship between the quality of team's relationship and the outcomes for the adults; however, the outcomes for the children appeared less sensitive to these influences than might be expected. In other words, all children made acceptable progress in the inclusive environments. The evaluation design was not sufficiently strong to determine which factors most influenced different child outcomes. Participants became strong advocates for inclusion, and reported high levels of satisfaction with the model and the training.

VI. PROJECT IMPACT AND DISSEMINATION ACTIVITIES

A. Impact

At the beginning of Project Coach Outreach in 1992, the only districts in the state that were providing services in inclusive settings were four (4) local districts associated with the project. The second year of the project, the number increased to 25. All but a few of these additions (see color map) were in districts neighboring the project sites. This last year, 1994-95, the number of districts has more than doubled, and is now 58. The strongest increases are again around the areas where Project Coach has been very active in training. The exception is in extreme northern Mississippi, an area being served by another OSEP funded model project. These impact data dramatically illustrate the importance of federal funding for innovations such as preschool inclusion. The dissemination of information has had a very strong impact on practices in Mississippi.

It is evident from reports and interviews with the program developers reporting community-based preschool services, that activities in outreach and preservice training, dissemination, policy technical assistance, and collaboration with other agencies have been important influences on the system. Program developers, Head Start directors and child care administrators that participated directly in the project, e.g. Hinds County, Hattiesburg, Biloxi, Moss Point, Washington County, and West Point, credit Project Coach for their changes in practice, and believe they in turn have influenced neighboring districts *(personal communication).* Administrators from other districts were unable to put their finger on a single factor, but rather cited a variety of positive reasons. They cited their own and their teachers' beliefs and training; the improvements in Head Start policy; and the increase in Part H activities and encouragement from the Department of Education, as reasons for the changes. The training that has been conducted in the sites is expected to have a lasting impact. The participants began to move naturally into a mentoring role as new staff were added. The very nature of model establishes an ongoing training avenue within each of the sites. All of the sites have continued their commitments to inclusion. The relationship and communication between agencies at the state and local levels has strengthened as they have collaborated with Project Coach Outreach.

B. Products

The products developed during this project consist of both print and video tape. An overview of the consultation model is present in the nine minute video entitled "Shared Opportunities: Consultation in Early Childhood Programs". A closed captioned version of the video is available upon request. The video has an accompanying training manual that scripts three days of training on consultation, coaching and teaming for services in inclusive settings. The manual presents two workshops, "Shared Opportunities" and "Building Opportunities." These products have been advertised at conferences and workshops and are available through the Institute for Disability Studies. Also, the project published a quarterly newsletter that was distributed without charge among all the teams, and their administrators, collaborating agencies at the local and state level.

C. Dissemination Activities

Project staff and project participants have presented information on the model at the national, state and local levels. As much as possible, participants were given the opportunity to co-present at conferences. This was both a training experience for them, a professional incentive and a very powerful tool for reaching audiences. Presentations were made at the National Association for the Education of Young Children, Division for Early Childhood, Gulf Coast Conference on Early Intervention, and various regional and state conferences sponsored by Head Start, state agencies, and professional organizations. Project information has been shared in conferences, through the quarterly newsletter, through product dissemination, and television interviews. The staff have been presenters, facilitators or sponsors of numerous dissemination activities.

D. Implications

A consultation-based service delivery system that is responsive and practical in typical communities and implemented by established service providers is necessary if we are to increase least restrictive service options for children. Unfortunately, most special educators have little preparation for the role of adult trainer, consultant and coach. The best curricula, the best methods and techniques are of little value if not effectively transmitted and adopted at a routine, proficient level in the inclusive setting where the child is served. Content, method, and system delivery go hand in hand, and should be comprehensively addressed for implementation of integrated programming in the community. Inculcating new practices invariably requires ongoing assistance at the individual program level (Hall & Hord, 1987). As a result of working across agencies, we have become convinced that the support of a transdisciplinary team using a collaborative, consultative model can be very effective and practical for serving children in a variety of natural settings. The success of collaboration and teaming is greatly facilitated by appropriate training and technical assistance. Bruder and Bologna (1993) observed that the failure of cooperative agreements can be attributed to agencies' autonomy and differences in philosophy and service goals. One solution we have found is the development and promotion of common philosophies and goals. Furthermore, collaborative teams need continual communication and training, and that training must be relevant, accessible, and reasonable in scope (Heekin & Tollerton, 1994).

Project Coach Outreach has demonstrated that consulting with and coaching the staff in early childhood programs can be a practical and effective model, and if appropriate training can be provided across agencies and true collaboration can be established, then an effective system serving children in natural settings can be obtained, and the goal providing families with appropriate options is realized.

The Project Coach Outreach model offers a response to the need in Mississippi and the nation. We contend that for implementation of services in typical, natural settings, it is not sufficient to simply create service options and train staff in child focused curricula and methods. Effective teaming, consultation and coaching skills, such as those developed in this project, are needed to implement most of the current best practice models.

Future programs can expect to be successful with full inclusion of young children in community-based programs if they use special educators and related service providers as consultants and coaches, develop individual consultation/training plans for the staff, include the family in planning and training, plan for services that meet the needs of both the child and the regular staff in the community-based programs, and maintain a reasonable caseload that allows contact at least once per week in the setting.

The service and training model was tested with several local education agencies serving children in a variety of early childhood programs such as Head Start and child care centers. In these settings the experience and training of the team members varied widely as did the individual needs of the children and families. The Project Coach model and its components were shown to be most applicable and replicable in sites that routinely employed developmentally appropriate practices for all their children, and had strong administrative support and involvement. Future consultants will certainly find new roles and methods to use to support young children in inclusive settings; coaching should be an essential skill and art that is cultivated in the profession of special services.

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Southern Station Box 5163
Hattiesburg, MS 39406-5163

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APPENDIX A

Demographic Data

Child Outcome Data

Goal Attainment Comparison Data

Workshop Satisfaction Data

Map of Project Impact

Project Coach Outreach
Data Analysis
Project Period: 1993 - 1995

1. **Demographic Data**	#	(%)
▪ Total Number in Sample	60	100
Children	60	100
Teachers	19	100
Consultants	14	100
▪ Total Number of Children by Year		
1993-94	19	32
1994-95	41	68
▪ Total Number by School District		
Biloxi	9	15
Hattiesburg	7	12
Hinds County	27	45
Moss Point	6	10
West Point	4	7
Western Line	7	12
▪ Average Time in Program	7.38 months	

Children

- Age

Average Age at Start	4.12 years	Range	1.0 - 6.0 years
Average Age at End	4.74 years	Range	1.7 - 6.5 years

- Race

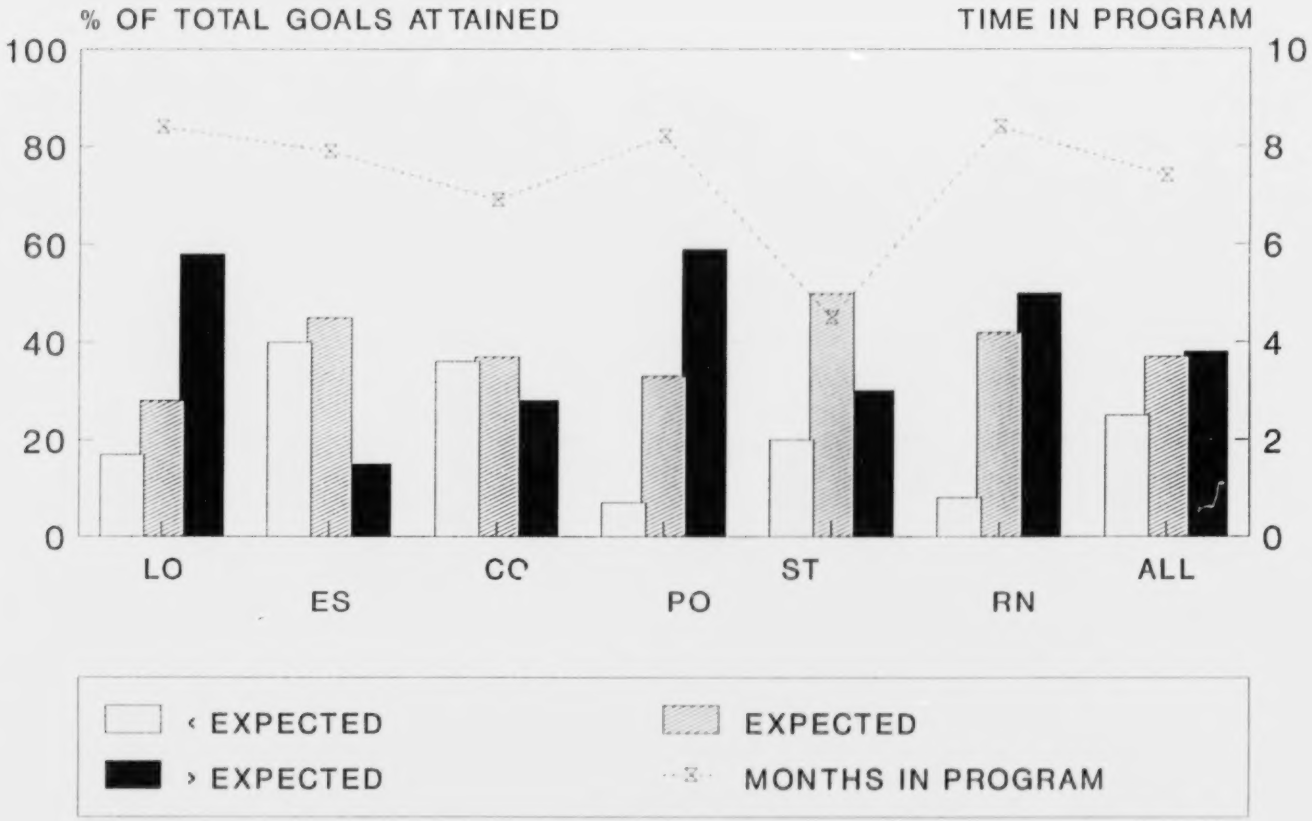
Black	45	75
White	15	25

- Sex

Male	38	63
Female	22	37

IEP GOAL ATTAINMENT SCALE

(PROJECT COACH OUTREACH)



Question: 1. Do children meet or exceed developmental expectancies by the end of the program?

PROJECT COACH OUTREACH
1993-1995
(N=60)

Developmental Area	**Met/Exceeded**		**Not Met**		**Children w/o Measure**
	#	%	#	%	#
Fine Motor	31	66%	16	34%	13
Gross Motor	31	74%	11	26%	18
Cognitive	43	84%	8	16%	9
Language	40	80%	10	20%	10
Social/Emotional	36	80%	9	20%	15
Self-Help	3	60%	2	40%	55
TOTALS	**184**	**77%**	**56**	**23%**	120

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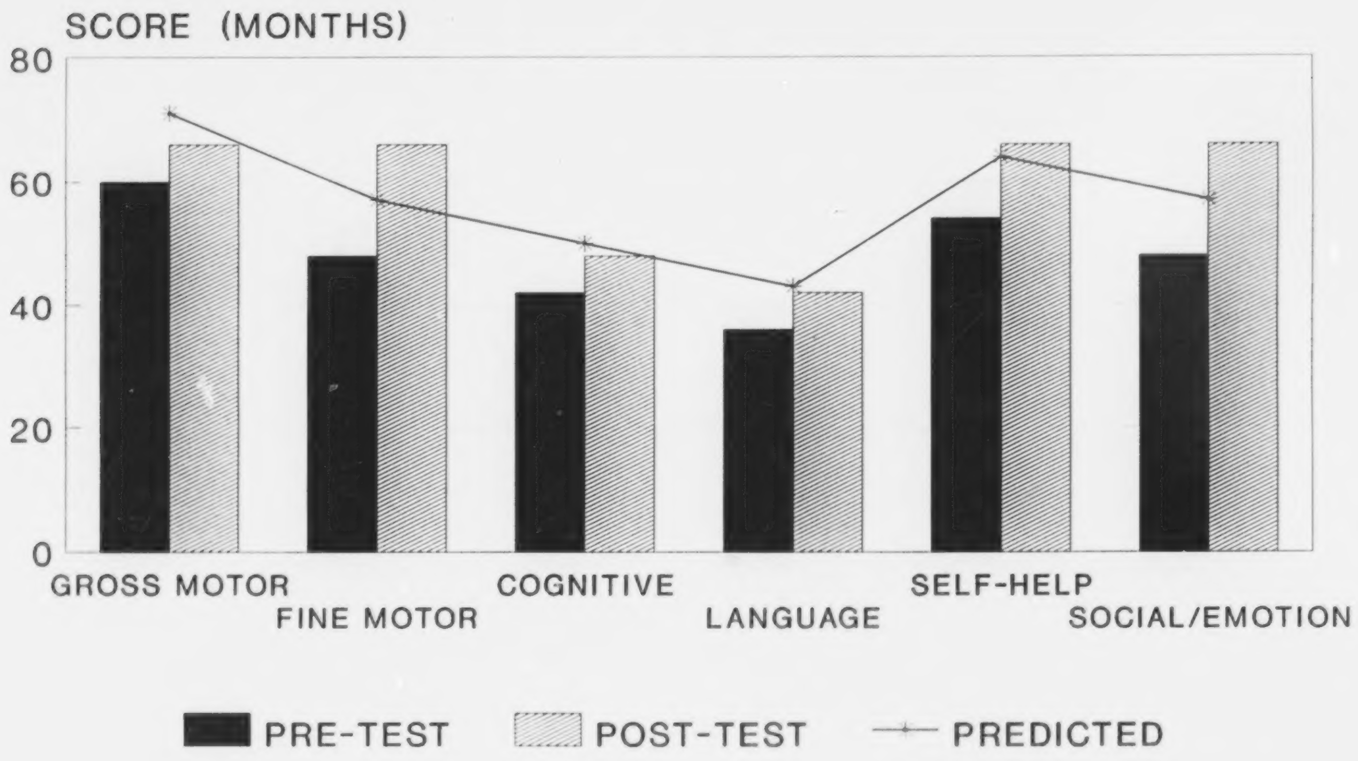
DEVELOPMENTAL PROFILE

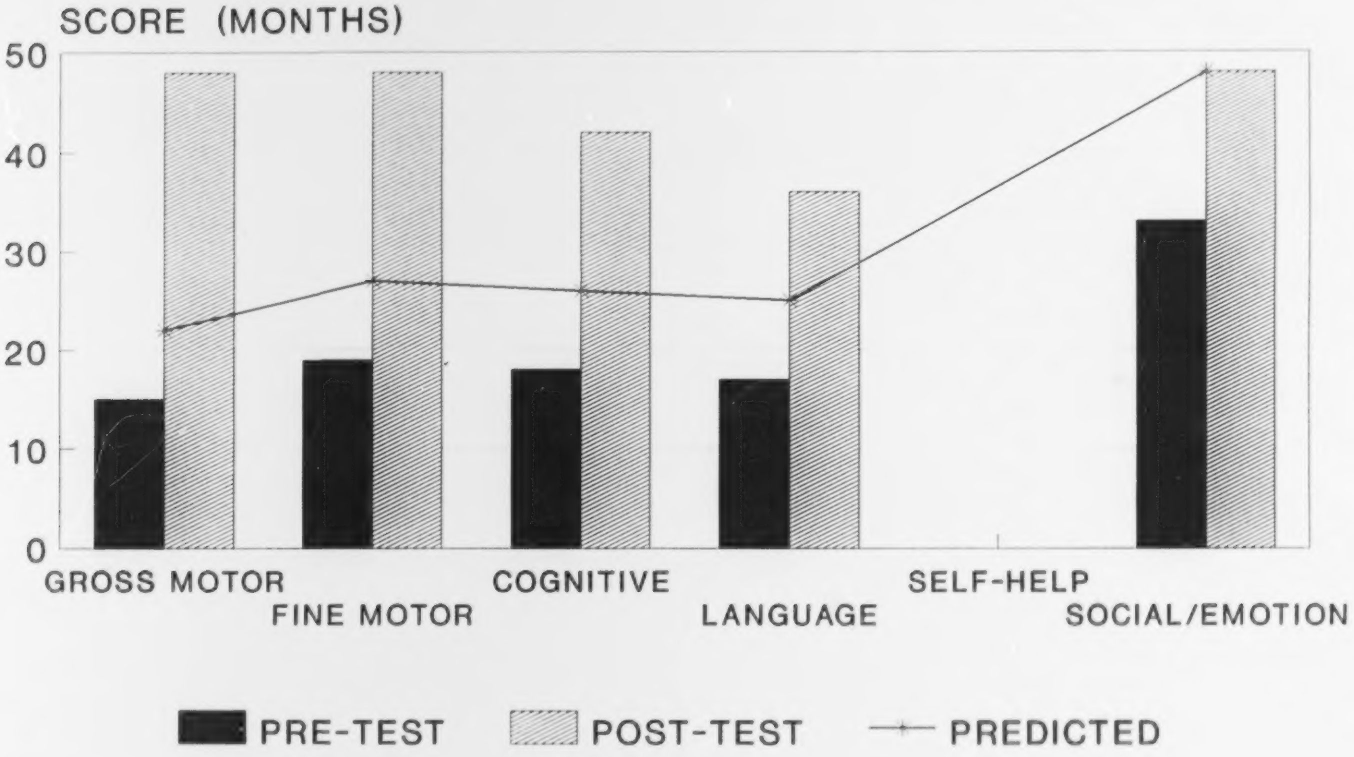
PROJECT COACH OUTREACH



START 56.4 MOS
END 67.2 MOS
(HCEC)

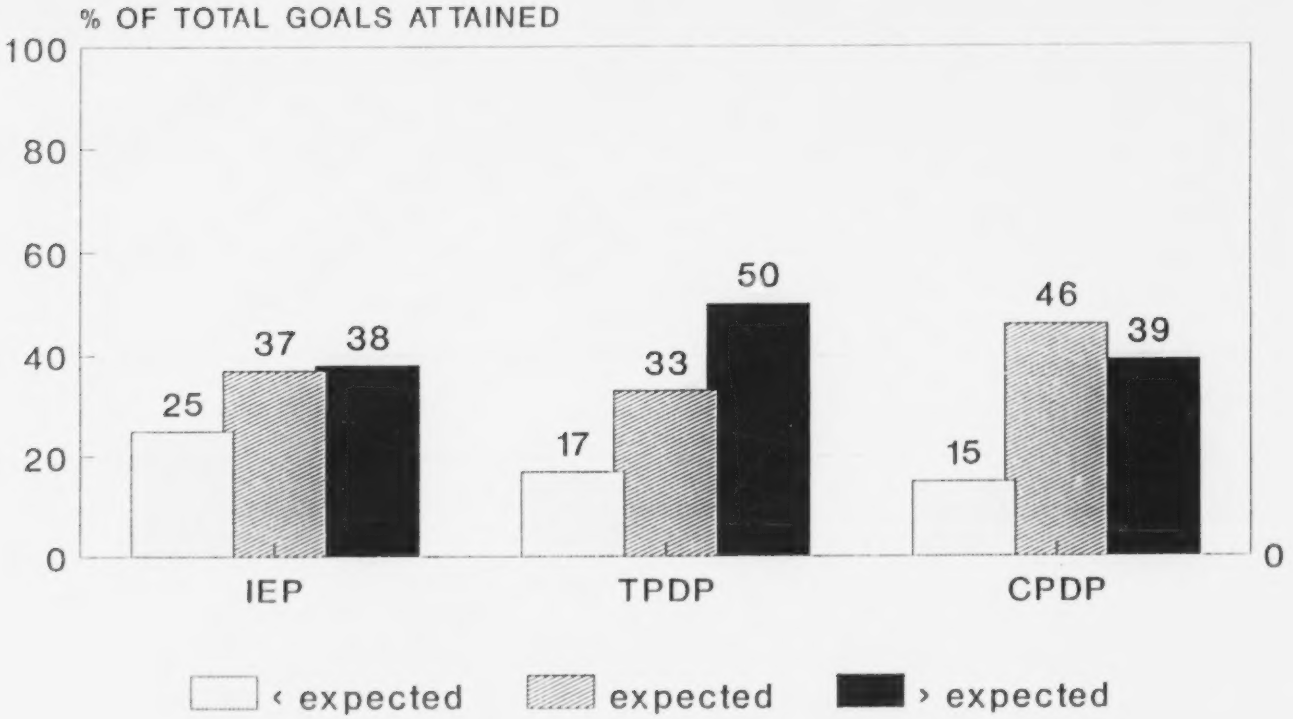
DEVELOPMENTAL PROFILE

PROJECT COACH OUTREACH



START 32.4 MOS
END 46.8 MOS
(BIDB)

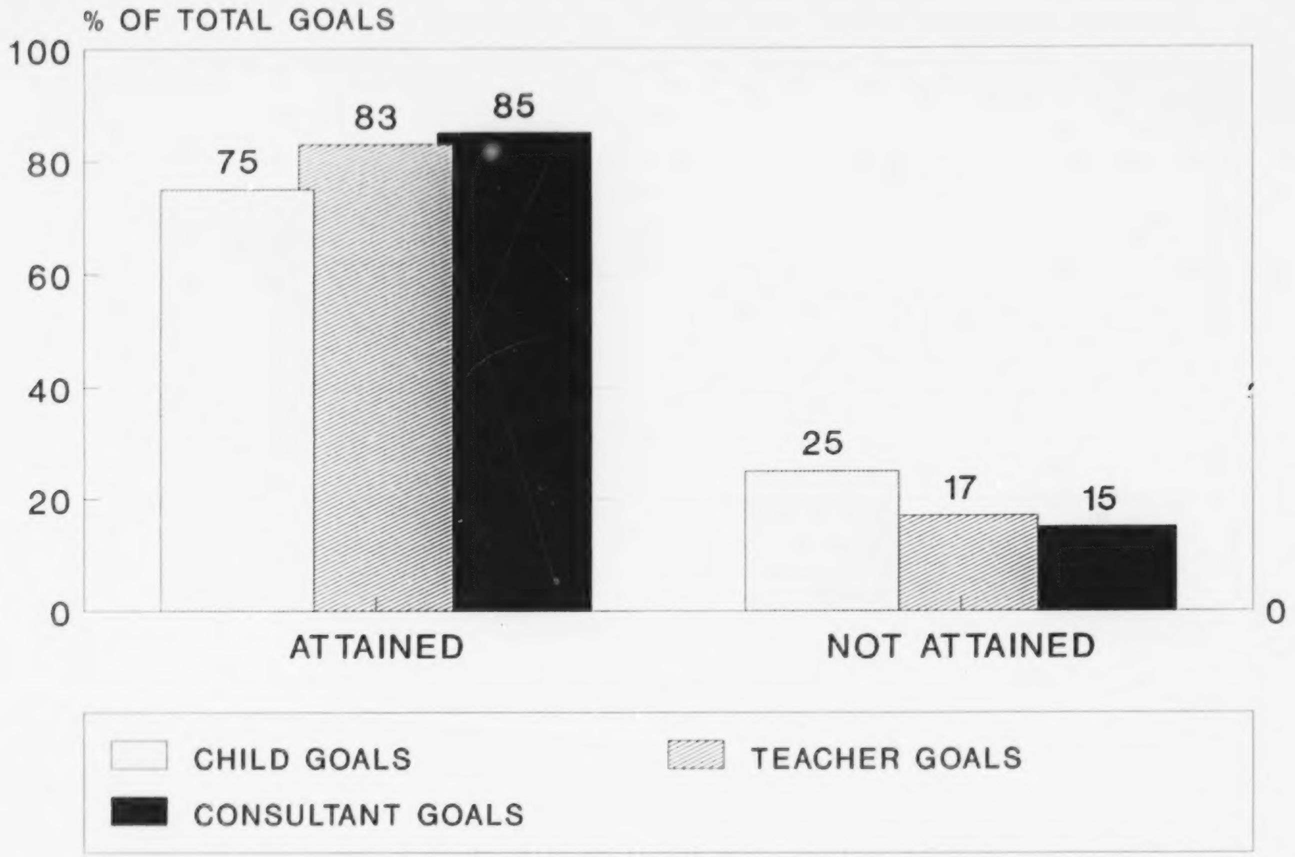
GOAL ATTAINMENT COMPARISON
(PROJECT COACH OUTREACH)



IEP=CHILD
TPDP=TEACHER
CPDP=CONSULTANT

GOAL ATTAINMENT SCALE SUMMARY

(PROJECT COACH OUTREACH)



BUILDING OPPORTUNITIES FOR ALL CHILDREN
August 29 & 30, 1994
Payne Center
Hattiesburg
Project Coach Outreach

Questions 1-6,9-10	Question 7	Question 8		Positive	Negative	General
		Y	N			
1. 55	7	X		Very much enjoyed the conference-the information, speakers and group discussions!		Would like more information on speech therapist's role. Question 7:Generally because this is a new role for me.
2. 53	7			The practical suggestions - The chance to get to know others & their ideas.		Your staff did an excellent job presenting.
3. 51	7		X			
4. 56	7	X		Breakout sessions		I enjoyed the workshop. Lots of good information
5. 56	7					
6. 56	7					
7. 37	5			Eye opener re: communication skill & developmental	Schedule of some information which was probably most beneficial to teachers-maybe divided and streamlined	However, I feel it was most helpful & definitely well organized, thanks to you three.
8. 49	7	X		Workshop organization, presenters, materials		Really effective workshop with very motivating features. Can't wait to get back to my room!
9. 55	7	X		Actual hands-on activity-based play (learning)		I couldn't function without ya'll! Question 7: I still need help in covering IEP objectives through activities & logging it.
10. 56	7			Presenters		Nice accommodations-meeting room and lodging.
11. 47	6		X	Organization & Speakers	Content in morning session of 1st day	Pleasing environment from workshop
12. 56	7		X	It was a friendly & personable environment		The information will be used.
13. 55	7	X				Great workshop Question 7: As resource!
14. 48	6		X	Hands-on activities/illustrations		Overall, I feel this was a very helpful/good workshop.
15. 43	7					
16. 48	6		X	The material presented		This workshop was a stimulus to motication

Questions 1-6,9-10	Question 7	Question 8		Positive	Negative	General
		Y	N			
17. 46	7		X	Team building		
18. 46	6		X	Speakers, organized program	Didn't like missing one section when 2 speakers - spoke-we had to decide which program.	Would have liked to combined it to one day only.
19. 49	7	X		Good ideas of activities that can be used in the classroom.		Question 7: just for follow-up; more ideas, maybe a workshop where we make materials.
20. 54	7		X	Hands-on activities- Good to have time for teams to get together	Could use more choices of sessions to meet special needs	
21. 55	7					
22. 56	7		X			
23. 56	7			Sharing ideas & team work		
24. 56	7		X			

AVERAGES:

Questions 1-6, 9-10	Question 7	Question 8
6.45	6.75	6 Yes 10 No

Number of Participants: 24

SHARED OPPORTUNITY WORKSHOP

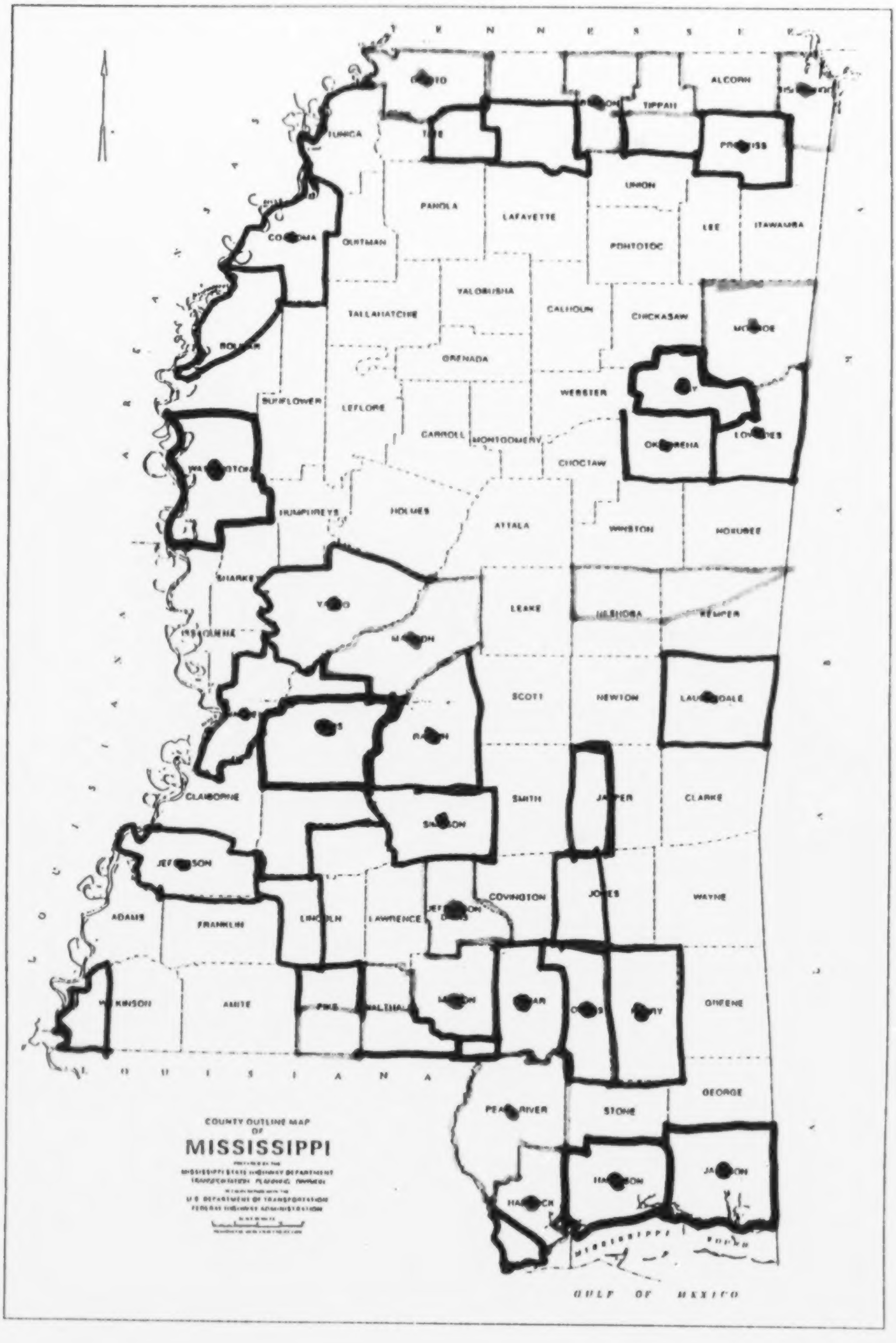
September 2-3, 1993

Questions 1-6,9-10	Question 7	Question 8		Positive	Negative	General
		Y	N			
1. 50	7		X	Increasing my knowledge in how to use LEA in helping serving children of all ages inclusively.		I really enjoyed this workshop. Lisa and Stella made things simple to the point and always hands-on participation. I can't wait to use the information in our Head Start Program.
2. 56	7		X	The "Eye Opening" experience of the importance and necessity of working together		This has been a real treat!
3. 51	7	X		Informative a variety if activities were used to up the interest level high		Two days well spent.
4. 56	7	X		A aspects were wonderful-no weak areas.		Very good use of time-great inclusion of audience-very open to comments concerns-very approachable and non-threatening manner! You're both great! Concerning # 8: If presented with child with specific needs that you and team are unsure of how to address, them what??
5. 50	7		X	The Team: Roles and Mission Section		Very motivational! I'm ready to make a change!
6. 41	7			Hand-outs/participation; Forming Teams		The overall workshop was excellent
7. 55	7	X		Presentation		Excellent information presented in a clear delivery. Concerning # 8: To follow-up after we have team meetings.
8. 56	7	X		Give and Take between presenters-flexible, open to audience participation.	Could have played for days / dazes,	Thank you, Thank you, Thank you! Peace and the very best!

AVERAGES:

Questions 1-6, 9-10	Question 7	Question 8
6.48	7.00	2 Yes 6 No

Number of Participants: ___


TENNESSEE
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CHICKASAW
MONROE
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BOLIVAR
SUNFLOWER
LEFLORE
WEBSTER
CARROLL
MONTGOMERY
CHOCTAW
OKTIBBEHA
HUMPHREYS
HOLMES
ATTALA
WINSTON
NOXUBEE
SHARKEY
LEAKE
NESHOBA
KEMPER
ISSAQUENA
SCOTT
NEWTON
SMITH
JASPER
CLARKE
CLAIBORNE
COVINGTON
JONES
WAYNE
ADAMS
FRANKLIN
LINCOLN
LAWRENCE
WILKINSON
AMITE
PIKE
WALTHALL
GREENE
PEARL RIVER
STONE
GEORGE
HANCOCK
LOUISIANA
ARKANSAS
ALABAMA
MISSISSIPPI SOUND
GULF OF MEXICO
COUNTY OUTLINE MAP OF MISSISSIPPI

BEST COPY AVAILABLE

Original project sites	■	Second & third year project sites	■
Second year expansion by county	■	Third year expansion by county	■

APPENDIX B

Manual

The Institute for Disability Studies
The University of Southern Mississippi
Project Coach Outreach

•PROJECT COACH•

Shared Opportunities!

Trainer's Manual

Shared Opportunities & Building Opportunities

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Day One
Instructor's Guide

SHARED OPPORTUNITIES:

Supporting Inclusion Through Consultation Services

This manual is designed as the basis for a three-day workshop focusing on school systems and community-based early childhood programs adopting a collaborative consultation model of service delivery to preschool-aged children (3 to 5 years) with special needs. The workshop is designed to be presented in two sessions: a two-day introductory workshop and a one-day follow-up after the initial implementation of the model. **"Day One" topics include: current and recommended practices in early childhood programs and the state's system of services; the various agencies and individual team members involved; and strategies used to encourage team building.** If at all possible, arrangements should be made to have agency representatives help present **Basics and Recommended Practices**. Examples of questionnaires and handouts are provided and should be revised as appropriate for the home state of the participants. Suggestions and guidance for this session may be found on page 16. **"Day Two" topics include communication used for team effectiveness, problem solving, and assessment practices for inclusion teams. "Day Three" topics are: the consulting relationship, competencies for inclusion, coaching, and the consultation plan.**

Trainers are encouraged to add to the information provided with resources, references, handouts and activities which are relevant to the needs of their particular group. A successful presentation of the workshop is reliant upon the trainer's familiarity with the audience as well as the content which will be covered in the presentation. The trainer should be familiar with the consultation service delivery model in order to increase the effectiveness of the presentation. Other suggestions which may enhance the effectiveness of a workshop include:

- Use an enthusiastic style to encourage participation and an openness to learning. In short, have fun!
- Select a location with adequate space and create an atmosphere which is comfortable for participants.
- Have team members sit together and work together on the activities.
- Begin on time. End on time. Keep the schedule as accurate as possible.
- Plan ahead. Have all materials and equipment ready for use when needed. A list of materials and equipment required is included in this manual.
- Allow time for the introduction of presenters and participants and have name tags present for both.
- Model teamwork as you train. Live the principles presented as you work as a team to conduct the workshop.
- Treat each person with respect. Recognize his/her importance as an individual. Your particular group may include participants with a broad range of disciplines and knowledge, acknowledge this rich human resource.
- Leave the structured plan/schedule when necessary. Invite discussion and allow

diversion from the subject if it will clear up any confusion or be beneficial to learning; however, continue to stay focused.

Organization of the Manual

This trainer's manual contains all the printed materials to be given to the participants, and a guide to activities and presentation. It does not contain the videos or assessment protocols. These items must be purchased through the publishers. A list of publishers/distributors follows. Trainers should view the videos in their entirety as part of preparation for the workshop. The participant's pages may be photocopied. It is recommended that the participant's pages be presented in binders at the beginning of the workshop in an effort to facilitate note taking. Trainers may wish to withhold some of the handouts and distribute them at the appropriate times. For example, Handout #1, the Jargon Game, will be more entertaining if it is not seen before time to complete it. Therefore, it is only in the trainer's manual, and should be copied for distribution at the appropriate time. If trainers bring additional handouts, they should be hole-punched in order to easily add them to the notebook. The trainer may choose to omit or add pages in order to meet the needs of the particular group as well as individualize the presentation. If participants wish additional information about topics, the reference list provides a list of resources and readings. Evaluation sheets and miscellaneous information may be placed in a side pocket of the binder. If several teams attend, a list of participants including addresses and phone numbers is a valuable addition that allows networking among teams after the workshop.

The trainer should review the visual guidelines provided in the manual. They are created to provide an "at a glance" guide for ease of presentation. Examples follow.

Instruction **Instruction to the trainer** is marked by a graphic arrow and enclosed in a paragraph box.

Dialogue

Trainer **dialogue** is marked by a graphic arrow box. (Dialogue is not intended to be read verbatim but should be used as a guide and resource for the presentation.)

Information pertaining to **overheads** is shaded.

Equipment, Materials, & Supplies

- Overhead Projector & Markers
- Television & VCR
- Flipchart
- 16 Large Sheets of Paper, markers, tape/pins

Comparative Team Activity, Day One: (page 30, instructor's manual)

- Glue
- Construction Paper
- Crayons & collage materials (toothpicks, straws, foil, fabric scraps, "glueable junk")
- Envelopes or ziplock bags for dividing supplies

A Quick Test of Me Activity, Day Three: (page 8, instructor's manual)

- Color coding labels (small round stickers), blue, red, green & yellow, enough for each participant to have six of each color.

Developing a Consultation Plan Activity, Day Three: (page 32, instructor's manual)

- 3X5 notecards, approximately 25 per consultant or team.

Taking it Home Activity, Day Three: (page 35, instructor's manual)

- an envelope for each participant

Videos

Shared Opportunities: Consultation Services in Early Childhood Programs ($35.00)
Project Coach: An Overview of Coaching ($35.00)

To order:
Project Coach O4Ãreach
Institute for Disability Studies
Attn. Becky McPhail
Box 5163
Hattiesburg, MS 39406

Heart to Heart: Breaking Down the Barriers ($10.00)

To order:
Mr. Robin Sims
275 East Main Street
CHR Building
Frankfort, KY 40621
(Payable to Kentucky State Treasurer)

A New Way of Thinking, 1988

To order:
TASH
7010 Roosevelt Way
Seattle, WA 98115
(206)523-8446

Video Observations for the ECERS ($59.00)
Video Guide and Workshop ($4.00)

To order:
Teachers College Press
P.O. Box 2032
Colchester, VT 05449

FORWARD

Project Coach Outreach, a project funded through the Early Education Programs for Children with Disabilities within the U.S. Department of Education, provides training and technical assistance in coaching and consultation skills in order to increase inclusive, community-based services for preschoolers with disabilities in Mississippi. The project was built on the belief that children with disabilities can be successfully included in early childhood programs when staff are supported with carefully planned and skillfully delivered coaching and consultation.

Quality early childhood programs are everyone's business. With this in mind, it is essential for a professional working as a consultant and coach to have a strong knowledge of the practices which are considered to be developmentally appropriate in early childhood settings. Quality programming at this age centers on fostering a safe, healthy and nurturing environment while promoting development in all domains. Consideration must be given to both the child and the family if all needs are to be addressed effectively.

Project Coach Outreach operates under the following philosophy:

- The belief that full inclusion should be offered within quality early childhood developmentally appropriate programs.

- The belief that children with special needs are best served in a variety of early childhood programs in which the environment is conducive to learning in all developmental domains.

- The belief that families should have choices for placement in programs for all children thus providing an environment for children with special needs as well as those without in order to learn from and interact with one another on a regular basis. In addition, their choice should allow them to participate as partners in promoting the development of their child.

- The belief in the philosophy of full inclusion which focuses on a better way of life through quality and equitable education (Stainback & Stainback, 1992). Programs should foster a sense of security, warmth and support, value individual contributions, and promote respect for self and others.

Workshop Objectives

Days One and Two

At the conclusion of this workshop participants will be able to

- Identify benefits and barriers to inclusion
- Recognize a consultative model of service delivery
- Identify recommended practices in the field of early childhood and early childhood special education.
- Describe different types of teams
- Identify team members and their current roles. skills. and concerns.
- Demonstrate skills in active listening
- Use a formal team problem solving model
- Use conflict resolution strategies in the process of reaching group consensus
- Identify appropriate. collaborative tools and methods for assessing setting. staff needs. and family concerns.

AGENDA

(INSERT DATE HERE)

8:30 **Welcome and Opening Remarks**
  Inclusion Benefits and Barriers
  Shared Opportunities Video
  Consultant Roles

9:30 **Basics and Recommended Practices Carousel**
  Carousel Activity

10:00 **Break**

10:15 Panel: Guest Speakers

12:00 **Lunch**

1:00 **The Inclusion Team: Models and Roles**
  A Jargon Game
  Effective Teams

1:50 **Break**

1:55 Comparative Teaming Activity

2:50 Member and Team Profiles

3:30 **Break**

3:45 **Developing a Core Service Team**:
  Ground Rules and Mission Statement

5:00 **Adjourn**

DAY 1

8:30 a.m.

Welcome & Opening Remarks

Instructions It is appropriate for the host or workshop sponsor to welcome participants and set an enthusiastic tone. If participants do not know the trainers, the sponsor may introduce them. In turn, the trainers may then introduce the teams that are attending. Trainers may wish to conduct an ice-breaker (any good text on training or groups will provide examples). A trainer should then go over the schedule and answer questions, making reference to the information in the "Trainer's Guide" and the "Forward" in this and the participant's notebook. Some participants may have questions about the way their notebook is organized or they may simply want to review the purpose and philosophy that this workshop is based upon.

Briefly discuss inclusion of young children with special needs using the following dialogue and overheads #1-(Benefits), #2 (Inclusion Requires), #3a-c (PPAKS), and #4a-b (Barriers). Space is provided on page 1 in the participant's notebook for notes.

Dialogue

You are here today as team members or potential team members involved in serving children in inclusive settings. For some of you, there may still be some uncertainty about this approach. If you have never before been involved in an inclusive program, I am sure you have many questions. For example, you may be wondering, "Will there be enough time and resources for all that needs to be done? Will there be problems among the children? Will some children get short-changed? What will my role be? Do I have enough training and skill to do this? And, will parents be supportive?" Does this sound familiar to any of you? Well, it is our aim to answer these questions as well as others you may have in relation to inclusion.

First, let us take time to examine the question, "Why inclusion for young children with special needs?" After all, successful inclusion cannot be obtained without a true understanding as well as a true commitment to it by its implementers. Inclusion of young children with special needs into typical early childhood settings is usually met with a wide range of concerns. To those concerns, we can respond by pointing out just a few of the many benefits of inclusion.

Overhead #1 . . . . **Benefits**

Social learning opportunities
First, and most obviously, inclusion provides social opportunities for children with special needs. Participation in socially active environments directly affects a preschooler's acquisition of peer social interaction skills (Odom & Brown, 1992). These skills form the foundation for positive social development, a critical factor for success later, and an important determinant of future opportunities to be included in general education settings. If children with special needs are segregated, they will not receive the benefits that peer modeling and interaction provides.

Modeling in all domains

Furthermore, interaction of children with special needs with typically developing children provides modeling in all domains of development, not just social. Research suggests that learning skills and behavior through imitation occurs when appropriate models and opportunities are present (Cook, Tessier, & Klein, 1992). Peer models are extremely powerful motivators. Teachers and parents can attest to the fact that many of the skills young children learn are from each other. Again, segregation from appropriate peer modeling and suitable examples will only hinder the development of young children with special needs.

Perception change in others

In addition, it is important to consider the benefits of inclusion for children without disabilities. The other children learn about differences in others and make friends with children with disabilities. These early learnings translate into attitudinal changes that can impact the current and future adult community and make positive changes in the quality of life for individuals with disabilities (Cook, Tessier, & Klein, 1992). Typically developing children have shown only positive attitudinal and developmental outcomes as a result of inclusive experiences.

Support for families

Not only do children reap the benefits from inclusion, but having options for families to use typical child care and preschool programs in their communities is both a financial and emotional benefit. More and more families have a need for out-of-home care for their children; families with children with disabilities are no different.

The simple fact is, we can no longer deprive these children of being placed in an inclusive setting. According to Peck (1992), "The substance of this challenge is the implicit recognition that the segregation of a child with disabilities is in itself a powerful social act that may negatively affect the child's social and educational future."

Never-the-less, parents and caregivers often express concerns about inclusion. Staff particularly worry about their own competency in meeting the needs of all of the children and the availability of adequate professional resources to support them in their effort. These are important concerns that will be resolved as you work together as a team, learn from each other, and find new, creative ways to maximize your resources. We will offer you guidance and suggestions, but each team will have its unique situation and solutions. Remember the motto, "All of us are smarter than one of us."

There are many barriers to inclusion. There is much more to it than just putting children together in programs. Therefore, in its early years, Project Coach Outreach developed a concept for directing its training plans to promote inclusion. It is summarized in the next overhead.

Overhead #2 . . . . Inclusion

requires> prepared early childhood programs
which requires>> an effective training/consultative model
which requires>>> the right method, system and content

We believe that successful implementation of inclusion demands a least restrictive environment (LRE) that is accessible and receptive. In order to achieve this, there must be a well prepared program as well as an effective, ongoing training and consultative model for that program. Project Coach Outreach, which developed this workshop, and other national projects, have utilized this concept as a training model for inclusion. There is a growing acknowledgement that early childhood personnel must be given ongoing consultation and well-planned support in order to maintain an effective inclusive program (Project Coach, 1992; Hanson & Widerstrom, 1993). The three requirements for implementation of an effective consultative model include: "the right method, the right system and the right content." If these elements are present, inclusion efforts will succeed.

Overhead #3a & b . . . . **PPAKS**

Policy
Practice
Attitude
Knowledge
Skill

Overhead #3c . . . . **Access**

Physical
Program Activities
Communication

Part of your team's job will be to evaluate the barriers to inclusion in your situation. An excellent model for evaluating barriers that has been found to be useful is adapted from Mirenda (1993) who suggests assessing opportunity and access for individuals. Within the area of opportunity, the team should consider policy, practice, attitude, knowledge and skill barriers. This list, **PPAKS**, is a quick way of analyzing where a problem might be and helping you design appropriate solutions. Access barriers the team should address include physical barriers, program activities, and communication.

In a national survey, Rose and Smith (1992) identified eight areas that could serve as possible "disincentives" to the placement of children into typical settings. These eight areas were then ranked by those surveyed (preschool coordinators, state special education directors, ICCs with birth to five focus, Head Start Resource Access Programs, parents, child care and Head Start programs and federal officials). The overhead lists the identified barriers.

Overhead #4a-b . . . . **Barriers**

1. Personnel training and standards (knowledge, skills, practice)
2. Values and attitudes (attitudes)
3. Fiscal/contracting policies (policy)
4. Program quality policies
5. Private or non-public school agency policies
6. Transportation policies
7. Conflicting policies
8. Curricula/methods requirements (practice)

Can any of you think of any barriers that we have not mentioned that you may have experienced? From this survey, it is apparent that staff competencies and attitudes are viewed as very important; however, they are followed by quite a number of policy barriers. Changing these policy barriers is an ongoing task for all of us, but will fall primarily on those in administrative leadership positions. Implementing inclusion at this point in time will require all individuals involved to play some part in the role of "change agent." Being a good change agent means working within your own circle of influence. For most of us, a barrier that is especially intriguing is that of attitude and resistance to change. In the Rose and Smith survey, the respondents who cited attitude as a barrier to preschool inclusion were able to identify multiple barriers which included attitudes regarding turf, teacher preparedness, awareness, communication, collaboration, respect and the belief that "someone will lose."

Instruction Allow time for comments and discussion.

Dialogue

According to another study, parents of children with and without special needs have similar views in favor of inclusion; and like the Rose and Smith respondents, both groups have reservations regarding adequate training of staff. An additional concern was if teachers could provide adequate attention to all children (Stoneman, 1993). These and other reservations must be addressed if inclusion is to be successful.

On a positive note, the same study mentions that over 90% of parents across studies believe that integration or inclusion will promote sensitivity in children as well as an acceptance of differences among them. It also states that teachers have positive attitudes regarding inclusion if they have received training directly related to the practice or if they have experience in teaching in an actual inclusive setting (Stoneman, 1993).

What about teacher preparedness? One concern noted in the study was that public schools often vary from community-based child care or Head Start programs in their teacher certification requirements. These differences may lead to doubts among public school personnel regarding the expertise of child care or Head Start staff. In addition, community-based child care providers may question their own ability to serve a child with disabilities while further questioning a special educator's basic knowledge of general early childhood programming and child development -- a very important factor in their effectiveness in a group setting. The certification or "policy" barrier in this situation can be interpreted then as either a skill barrier or an attitude barrier.

One solution to personnel preparation is joint training which can benefit early childhood personnel, special educators and families. Effective consultation and collaboration is another way to enhance the preparedness of qualified personnel which include early childhood educators, assistants, administrators, and special service providers.

An important role for special service providers is that of consultant to the early childhood program staff. In this role, communication, collaboration and respect are extremely important. misperceptions can be very detrimental; therefore, the team must be clear about each member's responsibilities, particularly the consultants. Each person involved with service provision to a child must be respected for his or her ability to address the needs of that particular child. We need to overcome professional turf issues and examine different possibilities for sharing our service delivery roles. The talents of the many individuals who can impact the life of a child should be explored and utilized. There are many creative ways to work together, and we will explore some of these during this workshop. We advocate for roles that have a clear purpose but allow latitude in how that purpose is realized.

A commitment to meet regularly for collaboration is also essential. As a team member, this may be the biggest challenge to face; however, on-going open lines of communication between consultants, teachers and families are very beneficial, if not essential, for successful inclusion to occur.

When children are served in a community-based program, it is obvious that the regular teacher or caregiver should be prepared to implement many of the child's objectives in daily activities if the child truly will be included in the program. This is the place where new roles should emerge. Educators, both special and regular, must expand, enrich, and even give up traditional roles in order for inclusion to be successful. We must share "turf" if we intend to meet the needs of all young children. We must not be afraid to share our expertise with one another as well as ask for help from other professionals when necessary. Success will occur if we combine our knowledge in an effort to promote success for all children within our care.

In order to change attitudes, the general public, providers, and decision makers need to be informed of the research base regarding benefits of inclusion at the early childhood level. Technical assistance networks, both state and national, have access to current research findings and are excellent resources. In addition to awareness of research, direct exposure to an existing quality inclusive program may reduce doubts and fears (Rose & Smith, 1992). Providing current, credible information and demonstration of quality practices are ways that all of us can be advocates for inclusion and combat negative attitudes.

Instructions Briefly discuss collaboration and teaming with participants using the dialogue below. This discussion will introduce many of the practices the participants will see next in the video. Participants should follow along on page #5 (Characteristics of Consultation).

Dialogue

Next, we will discuss the characteristics of collaborative consultation. A reference of the important points is provided on notebook page #5.

This workshop emphasizes the consultative model for serving young children in inclusive settings. Consultative services, when implemented correctly, are a viable and practical means of overcoming many of the barriers that have been mentioned. Consultation is usually described as entailing a variety of responsibilities from assessing and advising to demonstrating and coaching. All of these services have been proven to be effective, successful means of consultation. In this workshop, we will be endorsing a collaborative, shared approach to consultation. It has been explained as:

"an interactive process that enables people with diverse expertise to generate creative

> solutions to mutually defined problems. In this style of teaming, the outcome is enhanced, altered, and produces solutions that are different from those that the individual team members would produce independently. Collaborative consultation has been used to provide comprehensive and effective programs for students with special needs within the most appropriate context, thereby enabling them to achieve maximum constructive interaction with their non-handicapped peers" (Idol, Paolucci-Whitcom & Nevin, 1986).

As a consultant, in particular, it is important to be familiar with and competent in the many roles that may be required of you. An effective consultant must meet the needs of other team members in a variety of ways, each of which are determined by the individual child's situation. Being resourceful and flexible while constantly assessing the needs of the staff, child and family as well as developing strategies to meet those needs are critical elements in effective consultation.

Overhead # 5 . . . . **Roles of Consultants**

Some of the roles of the **consultant** include: assessment, planning and coordination of services, problem-solving with a team, coaching, direct intervention with children, resource identification and procurement, and method and materials development. An assessment of the distinct needs of the consultee is the starting point for effective service delivery.

Overhead # 6 . . . . **The Coaching Cycle**

One strategy used in effective consultation is coaching, a tool that ensures implementation of new skills and helps to clarify important methods and strategies recommended for the child. Coaching is extremely effective when combined with other technical assistance. However, it is important to remember that coaching is only one of many roles the consultant plays.

Consultants must be prepared to encourage and integrate developmentally appropriate practices and foster appropriate programming for all children when a child with special needs is included. This person should work to promote quality programs in regular settings. With a clear understanding of inclusion issues, developmentally appropriate practices and the coaching model, a consultant will be better able to collaborate with teachers in order to serve the children in the program most appropriately and effectively. Therefore, a working knowledge of best practices at the early childhood level is essential.

Instructions After the opening remarks and introduction, you may want to briefly review the workshop objectives that are listed on page 2 of the participant's notebook or you may simply want to make reference to them in order for the group to be reminded to review them at a later time.

Show **Shared Opportunities Video.** Discuss key points with participants. You may refer to pages #6 & 7 - (Shared Opportunities) as a guideline for the discussion. Listed below are sample questions that may facilitate discussion.

Dialogue

The title of the video we will be watching is "Shared Opportunities: Consultation Services in Early Childhood Programs." After the video, we will discuss any areas of interest or concern. pages #6 & #7 contain the key points presented in the video. You will have an opportunity as you watch this video to see a consultative model in action.

Sample Questions:

- Who was the consultant in the video?
- Was it difficult to determine the various roles of each individuai working with the children in the video?
- Why do you think it was difficult? Is this a good thing or a bad thing?
- Do the children and teachers in the video seem comfortable with inclusion?
- Does planning and communication seem to be important to this team?
- What role did the parent play?

Consultants play a crucial role in ensuring the success of environments where all children belong. The video portrays many people working together in a natural give and take manner. In a transdisciplinary model like this one, roles are shared so that there are no clear lines of responsibility to the casual observer. The team members, however, are very clear and comfortable with their responsibilities.

Are there any further questions or comments about what we saw in the video?

9:30 a.m.

Basic and Recommended Practices Carousel

Instructions This carousel activity is a great way for participants to express their individual opinions and concerns. A list of statements to complete is provided on page #8 (Carousel Activity). The statements to be completed are written individually on large sheets of paper and posted around the room. Each team rotates from poster to poster, responding to the statements. Groups of three to six work best. The leader may either ring a bell to signal time or simply call out, "Please move now." Allow no more than a couple of minutes per poster. The presenter of each topic should be prepared to process the answers of the participants. Posters should be brought to a position beside the presenter during that topic. The participants should be encouraged to take notes to use for future reference.

Dialogue

Has anyone ever participated in a carousel activity before? You know, the kind of activity where you travel in small groups around the room completing various statements on large sheets of paper? Well, if you have never participated in this type of activity, I am confident you will enjoy it. Particularly those of you who are closet graffiti artists, and some of you look suspicious to me.

We will begin by reviewing the statements that are written on sheets of paper around this room. (Note: You may want to ask different people around the room to read the poster nearest them). Let's move as teams and begin working on this activity. Remember, this is a brainstorming activity. There are no right or wrong answers, simply your honest opinions and concerns. This is an opportunity for you to talk among yourselves and encourage one another to express thoughts.

Carousel Activity

Head Start Services:

My primary concern about working as/having a consultant in a Head Start classroom is...

Child Care Services:

My primary concern about working as/having a consultant in a Child Care setting is...

Assessment, IEP/IFSP:

My greatest concern about assessment and implementation of IFSP objectives in an inclusive setting is...

LEA Special Services:

My primary concern about delivering services through a consultation model is...

Families:

My primary concern about families as team members is...

Curriculum and Instruction:

My greatest concern about curriculum and instruction in an inclusive setting is. . .

Environmental Adaptations:

My greatest concern about adapting an inclusive environment is. . .

10:00 BREAK

• • • • • •

10:15 a.m.

Basic and Recommended Practices Panel

Instructions Preferably speakers for this session should be representatives of the agencies being discussed. This will allow participants to gain insight into the philosophy and practices of each particular organization from the speaker's experienced perspective.

Please review the questionnaires for appropriateness and accuracy as systems and regulations are constantly changing. For the special education representative, for example, the questionnaire will need to be modified to reflect the state's system of services, rules and regulations.

Recommended Speakers

- **Curriculum and Instruction & Environmental Adaptations:** the primary trainer or an experienced consultant in early childhood special services
- **Head Start:** local Head Start administrator, Resource Access Project representative
- **Child Care:** local center director, local child care or early childhood association officer, college or university trainer, State licensing officer
- **Assessment & IEPs/IFSPs:** State lead agency representative, local assessment team member
- **LEA Special Services:** local or state special education administrator
- **Families:** a parent who has been through the system

Prior to the session, distribute to questionnaire to the guest speakers as guidance for preparing their discussion, and additional or modified handouts to meet the needs of your particular group and topic. The trainer's manual contains questionnaires and answers.

Before each speaker begins, you should ask participants to answer the questions for that particular topic. Stress that this activity is not a test, but a way of stimulating thinking. Allow a few minutes for them to answer the questions, then introduce the speaker. The speaker may handle the answers to the questions however s/he chooses, e.g., answering each in order as an outline for the presentation or ending the presentation with a review of the answers. **Also, speakers should address any relevant concerns expressed on the carousel posters. The appropriate poster is placed near the speaker during the time the participants are working on the questionnaire for that topic.** For example, for the next topic, bring the Curriculum and Instruction and the Environmental Adaptations posters to a position near the speaker's stand. You may set this up during the break that precedes the panel. Participants should be encouraged to follow along in their notebooks as you discuss the following topic. Pages include #9 (Questionnaire), #10&11 (NAEYC Guidelines), #12&13 (Functional Goals), #14 (Natural Context), #15 (The Environment), #16 (General Considerations), and #17 (Easy Adaptations).

• • • • • •

Curriculum & Instruction

Dialogue

I hope you enjoyed the Carousel and are getting to know one another better.

I see you have written a number of concerns about Curriculum and Instruction and Adapting the Environment. Our next topic is NAEYC and currently recommended practices in both early childhood education and early childhood special education. I expect to be able to respond to most of your concerns as I talk about currently recommended practices. Before I begin, however, just to get you thinking, please take a few minutes to answer the questions on Page #6.

Notebook Page #6 . . . . **Curriculum and Instruction**

True or False

F	Developmentally Appropriate Practice (DAP) emphasizes the development of the child's cognitive skills.
T	Programs should provide for a wider range of developmental interests and abilities than the chronological age range of the group would suggest.
F	Individual children are directed to activities and materials that will promote specific curriculum goals.
T	Learning activities are concrete, real and relevant to the lives of the children.
T	Curriculum planning emphasizes learning as an interactive process.

Environmental Adaptations

T	Arranging the classroom in activity areas provides a framework that is understandable to young children.
F	The room should be arranged to discourage interaction among groups of children.
T	Materials stored at children's level and simply organized with labeled containers enhances the child's ability to function as able and independent.

The National Association for the Education of Young Children (NAEYC), the largest professional organization of early childhood educators, has developed and adopted guidelines for developmentally appropriate practices to be used in programs and by individuals serving children at the preschool level. Such practices are prerequisites to effective inclusion of children with special needs. The presence of these practices greatly facilitates inclusion, and can alleviate many of the concerns you may have.

The position taken by NAEYC is that quality programming is not necessarily dependent upon the length of the program day or of sponsorship, but rather by the degree to which the program is developmentally appropriate (Bredekamp, 1987).

Instructions Refer participants to the list of appropriate practices on pages #10&11. Briefly review these practices and discuss the answers to the questionnaire.

Dialogue

Whatever your team role, you should not only familiarize yourself with these practices, but also support their use. It is critical that the educational philosophy of the program with which you are working is clear to all of the team members. In an ideal situation, the guidelines listed in your notebooks would be understood and followed by all providers or team members. This holds especially true for the lead teacher or caregiver in the room.

Traditionally, special education at the early childhood level has not necessarily followed the procedures and philosophies of regular early childhood programs. Early childhood special education (ECSE) has had in the past a tendency to utilize teacher-directed activities and specific skill development rather than the child-directed, choice and play philosophy of most regular early childhood (EC) programs (Mahoney, Robinson & Powell, 1992). Early interventionists and early childhood special education personnel are recognizing that the recommended practices and philosophies established by NAEYC are indeed appropriate for young children with special needs as well. Because children with special needs are CHILDREN first, they can actively and effectively participate in the child-centered approach found in existing developmentally appropriate programs.

Odom and McEvoy (1990) addressed the issue of barriers to inclusion, one of which was the contrasting philosophies and practices of the two fields. Bailey and Wolery (1992) point out, however, that the justification that children with disabilities need different approaches and/or activities than those of young children without disabilities lacks supporting data. In fact, there are a variety of activities and materials offered in a developmentally appropriate preschool setting that may be easily adapted to accommodate the learning needs of children functioning within a wide range of developmental levels (Bailey & Wolery, 1992). In these environments, many important learning experiences for children are incorporated into the daily routines. What are some of the typical daily routines that occur in an early childhood setting?

Instructions Allow time for participants to respond. You may include these examples of daily routines if they are not mentioned.

Examples: arrival and departure
toileting
transition
mealtime
clean-up

as well as..........
circle time
learning centers
small group
playground

Refer participants to pages #12&13 (Functional Goals).

Dialogue

Meal time is an example of a routine activity which offers a rich teaching opportunity within a natural context (a critical element in intervention) for developing self-help skills. Children can practice skills from hand washing to cleaning up, depending upon their developmental level. The goals and objectives listed in your notebook illustrate how very discipline-specific goals can be incorporated into more functional goals that can be met within daily routines. Page #14 (Teaching in a Natural Context) offers other examples of naturally structured skill practice.

In developmentally appropriate environments, materials and activities are selected along a continuum from the realistic and concrete to abstract in order to accommodate many levels of ability, interest, and play needs. If you start with a strong, developmentally appropriate environment, using NAEYC guidelines, you will find that accommodations for children with special needs will generally be limited to adapting some skill sequences, rules and procedures, and making play materials accessible and easier to use, e.g., stabilizing, enlarging, attaching handles, etc. Your team's knowledge of child development, particularly the sequence for the acquisition of skills, typical play and use of materials in the setting, use of physical and verbal prompts and cues, and a thorough understanding of the child are the essentials for successful inclusive programming.

Pages #15 (The Environment), #16 (General Considerations), and #17, (Easy Adaptations) offer a few quick and easy ideas and guidelines for establishing and adapting appropriate environments. In the Appendix of your notebooks you will find a listing of other, more extensive guides for adapting materials as well as ideas for the physical environment in general. These are ideas like adjusting the height of a sand or work table to accommodate a wheelchair, adding knobs to puzzles, shading the tray bottom of puzzles to add contrast. Finding things that work for you and your children can be an exciting team effort. All you need is a few resource guides, some creativity and your team thinking together.

It is very important for all members of the team, especially consultants, to familiarize themselves with the setting in which a child with special needs will be served. In order to successfully evaluate the programs as well as identify the needs of the setting and staff, basic information about the setting such as rules and regulations, daily routines and basic set-up and philosophy must be taken into consideration by the team members. As previously mentioned, NAEYC does not advocate for one specific setting, but rather acknowledges that QUALITY care is available within a variety of settings. In order to fully assess a program, direct observation and on-site visits are necessary. Consultants must recognize the extreme importance of good rapport with each particular program. In addition, a clear understanding of the program and its operation is essential.

Today's panel of speakers has developed a brief introduction to possible placements that may be utilized for children with special needs as well as some of the basic knowledge about the system in which they work. This is information you will need to make wise decisions with and for families and children.

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Head Start

As before, please take a few moments to complete the questionnaire found on page #18. This is not a test. In fact, we hope you don't know all these answers as this is the topic our next speaker will be presenting. These questions are a way of helping you begin thinking about each topic and perhaps generating your own questions.

Our first speaker today is here from Head Start (or RAP) to share some information with us about this very important program. (Add personal information about the speaker). Please welcome (insert name).

Notebook page #18 . . . . **Head Start "Test Your Knowledge"**

Q. Can Head Start serve over-income children with disabilities?

A. Yes, up to 10% of total enrollment may be over-income.

Q. Does Head Start have to provide health and developmental screening to all enrolled children within 90 days after the start of their program?

A. With the new regulations, the time is now 45 days.

Q. Must Head Start refer children with suspected special needs to their LEA for evaluation?

A. Yes

Q. One of Head Start's new eligibility criteria classification is "other impairments." What does this category mean?

A. Any recognized category that is not specified such as DD. Generally, it is a classification that is recognized by the state but not clearly defined under Head Start criteria.

Q. What role should Head Start play when their LEA develops an IEP on a child in their program?

A. A collaborative role, the same as any team member from the LEA play.

Q. What types of service delivery options can be used by the LEA at the Head Start site to provide special education and related services for Head Start children with diagnosed special needs?

A. Head Start programs are very flexible and can accommodate either an itinerant consultant or a full-time teacher placed at the program. Depending upon the child's needs, LEA services may be very intense and child-direct or consultative and indirect.

Instructions Pages #19-21 in the participants notebook provide additional information regarding Head Start Services and may be used during discussion (page #19-Project Head Start, page #20-Typical Day, and page #21-Head Start Staff Directory).

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Child Care

Instructions The next topic is Child Care Services. Ask participants to complete the Child Care Services questionnaire on page #22.

Pages #23 & 24 in the participants notebook provide additional information regarding Child Care Services and may be used during discussion (page #23-Child Care and Pre-school Programs and page #24-Child Care Directory).

Dialogue

Please welcome (insert name of guest speaker here) from (insert name of agency the speaker represents here, add personal information). _______________ is here to discuss Child Care Services with us.

Notebook page #22 . . . . Child Care Questionnaire

Community-Based Child Care and Preschool Programs

_F_ Standards set by the state are minimum standards which must be met, not goals for Child Care providers to reach.

_F_ The minimum ratio of caregiver staff to children age four is 1:12.

_T_ All directors, caregivers and assistants are required to complete a specific number of hours of inservice training per year in order to maintain the center's license.

_T_ The identified staff person responsible for planning and coordinating activities for a child with special needs shall have training at the college or university level.

_F_ Total separation of the child from normal association with activities may be used as a punishment measure.

These answers are based upon regulations for Mississippi. Most states are similar, but be sure to confirm the information on the questionnaire.

• • • • • •

Assessment, IEPs & IFSPs

Instructions Ask participants to complete the IEP and IFSP questionnaire on page #25.

Pages #26-30 in the participants notebook provide additional information regarding Assessment, IEPs and IFSPs and may be referred to during discussion (pages #26-27-DEC Recommended Practice, Assessment; pages #28-30-DEC Recommended Practice, IFSP/IEP).

Dialogue

Please welcome (insert name of guest speaker here) from (insert name of agency the speaker represents here and personal information) who is here today to discuss assessment with us.

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Special Services

Instructions Refer participants to page #31 in the notebook and allow time for them to complete the questionnaire.

The LEA presenter should be asked to add appropriate handouts on topics such as the state's eligibility guidelines, and referral to placement process. The questionnaire should be adapted to fit the system and process used in the state. All of the answers listed below are based upon Mississippi's guidelines.

Dialogue

Our fourth speaker will be discussing the special services offered by our public schools. Please welcome (insert name of guest speaker here) from (insert name of agency the speaker represents here) who is here today to discuss LEA Special Services with our group.

Notebook page #31 . . . . LEA Special Services Questionnaire

LEA Special Services

Q. What are the rulings that a 3-5 year old child with special needs can receive to be eligible for special services from an LEA in this state?

A. (Mississippi example) Developmental delay, speech disorder, visual impairment, hearing impairment, deaf-blind and autism.

Q. What is the minimum amount of time that a 3 or 4 year old child with special needs must spend in an educational program?

A. There is no minimum time specified. This is an IEP committee decision.

Q. Are community-based services an option for providing services to 5 year old children with special needs?

A. Except under special circumstances. 5 year old children are expected to attend public kindergarten.

Q. Can an LEA provide services to 0-2 year old children with special needs with preschool federal grant funds?

A. No: however. they may use other special education funds.

Q. Is parent training and education considered a part of "service delivery" for the special education teacher who is serving a 3-5 year old child with disabilities?

A. Yes.

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Families

Instructions Ask participants to complete the questionnaire on page #32. Page #33 provides additional information regarding Family Centered Services (page #33-Eight Points).

Dialogue

Our final speaker will be discussing families of children with special needs and their role in the education process. Please welcome our guest speaker (insert speaker's name here and personal information).

Notebook page #32 . . . . Families Questionnaire

Families

T Meetings occur at times and locations that allow family members to participate.

F Parent information concerning their young child's development usually overstates the child's capabilities.

F Family members help develop and select evaluation tools.

T Family concerns, priorities and preferred resources have equal weight in the determination of the instructional setting.

Common barriers to open communication with service providers for families are:

T threat of repercussions

T anger

T powerlessness

T lack of knowledge

12:00 LUNCH

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1:00 p.m.

The Inclusion Team: Models & Roles

Instruction The following activity is used to transition the group into the next topic and interjects a little humor. While participants are at lunch, put a copy of handout #1 (A Jargon Game) at each participant's place (copies should be made using the handout in the trainer's manual; a copy is NOT in the participant's notebook). As they return, ask participants to complete this "jargon quiz" of acronyms. The answers may be found on overheads #7a&b. This activity points out how jargon can separate team members, and makes an attempt to familiarize everyone on the team with jargon they may hear. This activity should be a fun way of showing the group the importance of avoiding this communication barrier, while learning some unfamiliar and puzzling acronyms.

Optional: A score sheet such as the following may be distributed or you may use the transparency provided.

0 errors : Destined to work in Washington
1 - 3 : Psychic reader
4 - 8 : Getting close to retirement
9 - 13 : Up and coming interventionist
14 or more : Normal person or Parent! Thanks for being here.

A Jargon Game

SPED	Special Education
LEA	Local Education Agency
IEP	Individual Educational Program
IFSP	Individual Family Service Plan
619	Federal Law authorizing pre-school services
Part H	Federal law authorizing Infant/Toddler Services
EdH	Educationally Handicapped
SLD or LD	Specific Learning Disability or Learning Disability
EmH	Emotionally Handicapped
PH	Physically Handicapped
DD	Developmental Delay
ADD, ADHD	Attention Deficit Disorder or [AD(Hyperactive)D]
FAPE	Free Appropriate Public Education
LRE	Least Restrictive Environment
DAP	Developmentally Appropriate Practice
LSC	Local Survey Committee
ICC	Interagency Coordinating Council
I/TP	Infant/Toddler Program

SDE	State Department of Education
PCC	Parent Child Center
NEC*TAS	National Early Childhood*Technical Assistance System
OSEP	Office of Special Education Programs
CDA	Child Development Associate
OT	Occupational Therapist
PT	Physical Therapist
SLP	Speech/Language Pathologist
CCDBG	Child Care Development Block Grant
PD	Program Developer
IDEA	Individuals with Disabilities Education Act
ADA	Americans with Disabilities Act
NAEYC	National Association for the Education of Young Children
SECA	Southeastern Early Childhood Association
DEC	Division for Early Childhood
UAP	University Affiliated Program
P & A	Protection and Advocacy

Instructions Welcome participants. Discuss the answers to the Jargon Game. Write in the blank space on the overhead any additional acronyms contributed by participants.

Dialogue

I hope you enjoyed the Jargon Game. How many of you got them all? It's amazing how many puzzling acronyms we have created in this relatively young field of education. Do you have any particular questions? Do you disagree with any of the answers? Perhaps there are acronyms that mean more than one thing, like ADA (American Dietetics Association, American Dental Association, and Americans with Disabilities Act). Can any of you think of any acronyms within your disciplines that were not on this list?

This activity is to remind you that jargon can be a major communication barrier. Most of us are sensitive to language and when others use jargon which we do not understand, we feel excluded. When we use unfamiliar acronyms, listeners are probably concentrating on the jargon rather than on what we are saying. It is good shorthand if you know it, but in team work and when talking with parents, it is better to try to avoid using jargon. Let's watch an example of what we're talking about.

Instructions Show first three minutes of the video "Heart to Heart."

Dialogue

How did that parent seem to feel about the jargon that was used? Be sensitive to parents and team members outside your discipline. Occasional use of jargon is inevitable. Therefore, it is helpful to familiarize yourselves with jargon from other disciplines in order to help you feel more confident and comfortable, as well as help facilitate communication.

The focus this afternoon is on teaming. We will explore types of teams, the design of teams, what makes a team effective, and finally the characteristics, goals and structure for each of your own teams.

Instructions Discuss the definition of a team, types of teams, and their experiences on them using overheads #8-10. Cover the text on Overhead #8 as participants brainstorm (overhead #8-Types of Teams, overhead #9-Ineffective teams, overhead 10-Effective Teams).

Dialogue

This morning we talked about including children in typical settings by using a consultative approach for supporting the staff and children. Collaborative consultation was introduced with regard for a person's role on a **team**. To back up a little, the textbook definition of a team is *a relatively small set of interdependent individuals who work and interact directly in a coordinated* *manner to achieve a* ***common purpose***. Many of you are no stranger to teams. You have probably participated on a variety of teams. Let's name a few.

What about these other teams? Can anyone tell me how IEP/IFSP teams function?

Overhead #8 . . . . **Types of Teams**

Sample Responses

- IEP/IFSP Teams - The IEP team or committee traditionally meets once a year to write the IEP. This team determines the placement of the child as well as appropriate objectives to be included in the IEP. This team should be viewed as an extremely important component of the educational process.

- Assessment Teams - The Assessment team usually meets only during the assessment process and does not provide input into the individual programming beyond presentation of assessment information.

- Teacher Support Teams - These teams meet periodically to address problems or issues and lend guidance to the classroom staff.

- Inclusion Teams - A core service delivery team. This team provides on-going planning and direct support and functions as a transdisciplinary team.

Operational Design

- Multidisciplinary Teams - The utilization of multidisciplinary teams was mandated by PL94-142 and 99-457. These team members work independently and exchange information with one another.

- Interdisciplinary Teams - These teams share and coordinate information.

- Transdisciplinary Teams - These teams share and coordinate both information and roles.

Source for definitions: (Sugai, G.M. & Tindal, G.A., 1993).

Teams are utilized in many settings for a variety of purposes. In order to be effective and productive within these purposes, team members must have certain skills, and exhibit certain behaviors and attitudes.

Inclusion is not an event, but a continual process of planning, implementing, problem-solving, monitoring and planning again. This process is best served through the utilization of effective teams. In order to become an effective team, it is helpful to understand what makes for an effective and ineffective team. This will help you plan for success in your settings. Think about an ineffective team which you have known or experienced, a team which you perhaps did not enjoy being a part of or one that simply did not work well together. What are the characteristics that made that team ineffective? As I list your answers on the overhead, you may want to jot them down on page #34 in your notebooks.

Overhead #9 . . . . **Ineffective Teams**

Sample Responses:

- Are unwilling to accept responsibility
- Feel they know everything
- Are unwilling to change
- Are unwilling to participate
- Have feeling of superiority
- Do not follow through

Now, think of a really effective team that you enjoyed or one you know worked well together. What are the characteristics that made this team effective? Feel free to write down these answers as well for future reference.

Overhead #10 . . . . **Effective Team**

Sample Responses:

- Treat others as individuals
- Accept and appreciate differences in others
- Are flexible, especially when faced with controversy
- Are active
- Participate as a whole
- Are productive
- Are willing to learn
- Share work and responsibility

Thousand and Villa (1990) suggest 5 essential elements for effective teams. They are:
positive interdependence, frequent opportunities for face to face interaction, individual accountability, collaborative skills, and group processing.

As was discussed this morning, effective teams have positive collaborative characteristics. Let's review the points with the next transparency.

Overhead #11 . . . . **Effective Collaboration means**

Effective collaboration has relationships that are reciprocal. This means that all participants have equal access to information and the opportunity to participate in problem identification, discussion, decision-making and all final outcomes.

In effective collaboration, joint responsibility is shared among all participants. Because all participants have a role in the decision-making process, their goals are mutual and they share accountability for those goals which are being achieved.

Overhead #12 . . . . **Effective Collaboration does not mean**

Effective collaboration, on the other hand, **does NOT mean that participants must serve the SAME function** or contribute similar information to the decision-making process.

It also **does not mean that it is necessary for participants to relinquish their area of expertise.** After all, in order for inclusion to be successful, the group needs input from various experts from each area involved.

Finally, effective collaboration **does not mean that responsibilities for planning, implementation and evaluation are always equally divided** among the participants (ISDD, 1992).

On teams to support inclusion, everyone involved must share some degree of responsibility for all of the children. This may mean a change in attitude and behavior.

It is very important for collaborative teams to have the understanding and support of administrators and staff in order to generate solutions to mutually defined problems. In particular, administrators can help teams find the necessary time to meet for on-going monitoring and daily or weekly planning. Administrators can also help teams access training and technical assistance that will help the team grow professionally.

Next on our agenda is a teaming activity. The goal of this activity is to have fun! We will be dividing into three groups. (Note: At this point, the presenter should explain how the grouping will occur, using the Instructions below.) We will give you a few minutes to refresh yourselves, walk around a bit and then join your group.

1:50 BREAK

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1:55 p.m.

Comparative Teaming Activity

Instructions The next activity (Beninghof & Singer, 1992) provides a break and more interaction for the group. It is easiest if all the materials are set up at three tables in a nearby room. The groups can simply move there for this activity. Otherwise, the group will have to be dismissed for a few minutes while the room is readied. Another advantage to setting up a separate room is that the next activity ("Profiles") can be set up in the room the group left while this activity is in process.

This activity will help participants develop a general understanding of multidisciplinary, interdisciplinary, and transdisciplinary team models as well as the advantages and disadvantages of the three models. Participants should be assigned to three groups by number (e.g., 1, 2, or 3) or perhaps color. They do not need to stay as teams for this activity. We have used colored adhesive dots on each participant's notebook for grouping purposes. Handouts #2-#4 in the trainer's manual include the information needed for each of the groups to complete an art project (handout #2-Group 1 Instructions; handout #3-Group 2 Instructions; handout #4-Group 3 Instructions). **Have a copy of these instructions at each of the three group tables.** You will also need the art supplies listed on page 4 of this manual in order to complete this exercise, and you will need an overhead projector or flipchart to process the experience for the group. The prepared sets of materials to be used for this activity include an envelope for each participant containing the appropriate materials. Each group will then follow the instructions on their handout.

Dialogue

Has everyone located their group? Please read the instructions for your group. When I set the timer, you will be given fifteen minutes to complete the activity. A warning will be given when ten minutes have passed. If you have any questions once the activity has begun, you will have to figure it out on your own. Afterwards we will talk about your experiences. Are there any questions before we begin.

Instructions

After fifteen minutes distribute handout #5 (Project/Process) and ask participants to complete the handout as you discuss the following using overhead #13.

Starting with Group 1, have each group show their product and then ask the following questions. Write answers on the overhead. Continue this process for all three groups.

Dialogue

How did you feel about working in this group?

What did you like or not like about working within their particular structure?

Of our three team structures (multi, inter, and transdisciplinary) which is this most like?

Overhead #13 . . . . Product/Process: Three Teams

Sample Comments about Product/Process

Group 1-Multidisciplinary

Product	Process
less creative than others	lonely/isolated
single dimension	making decisions alone
unrelated products	frustrated

Group 2-Interdisciplinary

Product	Process
fragmented/segmented	curiosity about other products
unnatural/forced combination	wanted to work with others; envious of other's product; could not share or help

Group 3-Transdisciplinary

Product	**Process**
creative	lots of ideas/able to expand
multidimensional	collaborative
holistic	enjoyed talking with others, sharing of materials, ideas, etc.

In Group 1, the multidisciplinary group, communication is unidirectional and limited. Each individual makes his or her own decisions regarding the product. Moreover, the focus is discipline-centered rather than child-centered. Within this structure, assessments are done in isolation and IEPs are developed with minimal input from team members. Finally, service delivery is isolated within each discipline.

In Group 2, the interdisciplinary group, communication may be two-way; however, it is limited. The teacher works with each individual discipline in order to reach decisions. Similar to the multidisciplinary approach, the focus is discipline-centered rather than child-centered. Also, components of assessments and IEPs are separated by discipline. Lastly, service delivery may be isolated within each discipline.

In Group 3, the transdisciplinary group, allows for communication which is multidirectional and frequent. Decisions are reached by consensus within this type of group. As opposed to the other groups, assessments, IEPs and service delivery are integrated and holistic. Finally, information and skills are more easily shared among disciplines.

Let's discuss some of the benefits and challenges to collaborative transdisciplinary teams. How do you see a transdisciplinary approach benefiting a team working in a child care center, for example? What about the children? Families? Are there benefits for the program as a whole?

Instructions Use overhead #14 or a flipchart to list responses to these questions.

Overhead #14 . . . . **Transdisciplinary Teams Benefits**

Examples of audience responses to this discussion:

- Benefits for the staff...staff gain knowledge and skill competencies, develop teaching and management strategies, teacher interactions foster growth, interpersonal relationships develop, closer touch with general and special education curriculum, stimulates contact among professionals and reduces feelings of professional isolation;

- Benefits for the children...impacts many children, not just the targeted child; adaptations expand to more students and can help prevent problems;

- Benefits for families...allows them to a greater extent to be a part of the decision-making and implementation of their child's program;

- Benefits for the program...produces more flexibility in the use of resources.

Have participants volunteer challenges to this team model and write the responses under the appropriate categories listed on overhead #15.

Overhead #15 . . . . **Transdisciplinary Team Barriers.**

Following are some examples of audience responses to this discussion.

Policy- a team member with a very narrow job description, e.g., is paid for direct child contact only;

Practice- non-functional IEPs, no planning time in schedule, "sacred cow" classroom practices that are too advanced for the children, inappropriate rules for children;

Attitude- turfism, negativism, mistrust, disinterest. "There can be no significant innovation in education that does not have at its center the attitudes of teachers." (Postman & Weingartner, 1987)

Knowledge- frequent staff turnover; a therapist with no training in early childhood;

Skill- staff with training but no practical experience or poor implementation of knowledge;

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2:50 p.m.

Team and Member Profiles

Instructions If the last activity took place in a separate room, the group can now return to their seats in the first room. This room should be set-up and ready for the next activity.

This next session offers two options for activities. In these activities, participants are to identify team member skills and develop a team profile. Place large sheets of paper on the walls around the room (the number of sheets is dependent upon the number of disciplines represented within your teams). Each sheet should be labeled with the discipline titles of the participants (i.e. general educator, speech/language pathologist, special educator, etc.). Divide the sheets into three parts with the following three topics: "Our Traditional Role," "Unique Skills," and "Potential Contribution." The second option, particularly if the group is small, is to have each person complete Page #35-(Member Profile). Allow participants 10 minutes to work on each of the discipline sheets or Page #35. The answers on the posted (discipline) sheets are shared with the entire group. The answers to Page #35 are discussed within the teams. After discussion within teams and with the entire group, the next step is for the team to complete Page #36-Team Profile. This exercise can also be completed as a back-home follow-up team activity, if time is growing short.

Dialogue

We will now focus on the composition and roles within two critical teams for ongoing support for inclusion. Each of you will have a role on one or both of these teams. These include the transdisciplinary core service team and a larger program support team. The **core service team** directly provides support for the child (and each other) within the classroom and plans together as a team. The team includes the following:

- classroom teacher or caregiver
- teacher assistant or aide
- related service provider(s)
- primary special service provider
- family members as appropriate

What are the skills that might be needed on this team? What expertise exists within your team? How can you maximize the effectiveness of your resources? We have suggested that a transdisciplinary approach is one way to maximize your resources; that is, being a team that shares some roles, but not all. It is important to recognize expertise and utilize the special knowledge and skills of team members. There will be a number of occasions when special skill is clearly needed (e.g., behavior management, leading story time, feeding, or some specific therapy). In order to function effectively as a team, we need the expertise of each and every team member; and most of us welcome expert help when it is given respectfully.

The following activity is designed to improve understanding of one another's traditional roles and skills, as well as unique skills and interests each of you may have. The exercise is designed to help you think about how the work you are planning can be shared.

Around the room are posters labeled by discipline or title. You are to go to the poster that best describes your discipline or identity on the team. Each group should brainstorm in order to come up with their traditional role and areas of expertise. Write these down on the posters on the walls. Also, write down your group's ideas for a potential contribution they feel their discipline could make on an inclusion team. This could be new roles, responsibilities, underutilized skills and knowledge.

Instructions Allow 10 minutes or so to complete this activity. Have each group choose a spokesperson to discuss what was written on the poster.

Dialogue

The amount of expertise among you is quite impressive, isn't it? I am sure you agree that these are all very valuable contributions to a team serving young children. In the **core service team** in an inclusive setting, there will be many roles such as: consultant, coach, observer, evaluator, teacher, assistant, resource supplier, team coordinator, and child service coordinator, etc.

For example, when a child enters a new setting, there is usually a need for demonstration of techniques (coaching). Coaching is very helpful for staff if a child has severe physical challenges. Safety and health are always your first priorities for a child in any setting. A team member with the necessary skills and expertise can assume the role of coach. The special education teacher or related service providers might supply materials and provide resources that the classroom teacher might otherwise not have access to. The special educator may also function as a service coordinator.

All team members have a role in planning lessons and determining the goals for each particular child. Depending upon the amount of time available in the classroom, itinerant team members may choose an occasional role as co-teacher or assistant. Such time should be used carefully and wisely. Without a plan, it is easy to get caught up in random activity, roles that are not productive, and lose the focus of your mission on the team. Potentially, however, a consultant working in the co-teacher or assistant role can assess progress, identify program needs, and model important strategies and innovative ideas.

Although the **core service team** conducts ongoing problem-solving, the **program support team** may function for the purposes of planning, specific problem-solving and developing recommendations for the core team to implement. The following team members are usually included: the center director, special services administrator(s), any of the preschool special service staff, related indirect service providers and a parent representative(s). It may also include:

- other regular and special educators
- consulting specialists
- school counselor
- family members
- school psychologist
- resources from within and outside the school

A **program support team** is a problem-solving group that should assist in the removal or avoidance of barriers, provide creative ideas for meeting child and program goals and facilitate efficient program management and planning. The concept of the program support team is built upon shared responsibility in which individuals with unique insights focus on making early childhood education more effective for all children through collaboration with one another. A highly structured process, a team meeting, is used to identify problems, brainstorm solutions, plan interventions, and follow-up with appointments. The problems addressed in the meeting should be written down in an organized format for accurate and current record keeping. More information on this type of problem solving will be discussed in Day Two.

In both of the teams we have just discussed, a sense of "we-ness" is extremely important. Shared ownership and responsibility for all children involved will occur only if teams are collaborating effectively. Many schools are using teacher support teams, particularly for children with behavior problems. If any of you have experiences with teacher support teams, perhaps you would like to share how they worked. (Note: You may wish to substitute an example from your own state here.)

Now turn to Page #36-Team Profile. As a team, develop a description of your members, the unique skills each brings to your team, and, finally, summarize the purpose of your team and any new roles or skills that you feel may be needed.

Instructions Allow time to complete this activity. If time is limited, suggest that this activity be used during the initial team meeting as members begin serving children in inclusive settings.

Dialogue

After we return from our break, we will walk through the process of developing a core service team by establishing goals, ground rules for meetings and a clear team mission statement.

3:30 BREAK

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3:45 p.m.

Developing a Core Service Team

Ground rules and mission statement

Instructions The following activity is intended to assist teams in clarifying their mission and setting ground rules for operation. If you are unable to engage in this activity in teams, (i.e., group is too large, team members are not present, etc.) you should discuss the activity with participants in order to encourage them to do the activity later with their team. An alternative activity is to use a team case study, and describe in detail a sample team and complete the pages as a group, based on the sample team you describe. This will help to walk the group through the process of identifying the ground rules and goals of a team.

Listed on page #37 (Setting Ground rules and Goals) and page #38 (Worksheet) are sample agendas to assist a team in getting organized. Allow participants a few minutes to look over the agendas and think about their rules and goals individually. Then divide participants into teams and ask them to complete the information. (The amount of time you allow for this activity may vary depending on the size of your group as well as the sizes of the individual teams).

Following this activity, discuss any difficulties the group may have had while doing this. This activity is vital in aiding participants in understanding the importance of the team's agreement on the goals of the group as well as the goals of each individual child.

The mission statement provides overall direction and clarifies the team's purpose and meaning. Using page #39 (Team Mission), have pairs within each team begin by generating a list of beliefs about the team and its purpose. Next, revise the statement by reaching consensus with another pair within the team. Continue until the team has one written statement. This activity gives teams a safe opportunity to discuss their educational philosophy such as beliefs about inclusion, favored instructional methods, acceptability of partial participation and the roles of families. This is one way of finding and eliminating barriers early in team development. Prior to this discussion, you may wish to consider showing vignettes from videos such as "Heart to Heart" or "A New Way of Thinking" (see equipment list) in which parents and professionals state their beliefs and philosophies. Again, an alternative activity is to continue the team case study. This is not an activity to be omitted. Developing a mission statement is an integral part of an effective team.

Dialogue

Regardless of the team model that is used, every effective team should have a clear understanding of its rules, goals, purposes and beliefs. An effective team must have a commitment to a shared philosophy. Please turn to pages #37 and #38 in your notebooks and read over them. Using Page #37, please follow the steps listed and record your decisions. This will be your first official team meeting. Conduct it as such. Use this time to lay the groundwork for all your future team meetings. Are there any questions?

Instructions Allow about 40 minutes for this activity, trainers may wish to circulate among the teams.

Dialogue

In doing this activity, was it more difficult to come up with team goals or individual goals? Why?

The mission statement for a team is likely to develop and change over time, but it is very useful to begin with a unified set of beliefs as well as a clear purpose. The following activity will allow you to begin developing a mission statement and a team vision. Let us ask ourselves, "What is it that is most important to us as an outcome? What do we ideally want for the child?" While thinking about these two questions, I would like to encourage you to focus on child and family **outcomes** rather than the services provided to them. The mission statement provides overall direction and clarifies the team's purpose and meaning. Using page #39 find a partner in your team and generate a list of beliefs about your team and its purpose. When I call time, join with another pair and agree upon a statement that combines what you have written. Continue this process until all members of the team have written one statement. Are there any questions?

This is an opportunity for each of you to discuss your educational philosophies such as beliefs about inclusion, favored instructional methods, acceptability of partial participation and the role of families with your teams in an effort to come up with one collaborative statement.

Instructions Allow participants about 15 minutes to do this activity. Ask a spokesperson from each team to give a report on the activity.

Dialogue

Tomorrow the discussion will focus on communication within our teams as well as assessment practices specific to inclusion. Make a note of any basic philosophical or goal differences within your group at this point. You will be able to talk further about those issues during the segment tomorrow on conflict resolution/problem solving. Are there any further comments or questions? We will be talking about the specifics of conflict resolution and problem solving.

Complete the evaluation for Day One that is in the front pocket of your notebook and leave it on the front table. Thank you for your attention and participation in today's workshop. Tomorrow's session begins at 8:30.

5:00 ADJOURN

Day Two
Instructor's Guide

AGENDA

(INSERT DATE HERE)

8:30 **Decision Making**

- The Cash Register
- Preconditions for Decision Making
- Problem Solving Process
  - Step 1: Embedded Solutions
  - Step 2: Brainstorming with group

10:00 **Break**

10:15
  - Step 3: Action Planning with group
  - Step 4: Scheduling

10:30 **Team Communication**
- My Rights
- Active listening exercises
- My Rights Revisited

12:00 **Lunch**

1:00 **Conflict resolution**
- Heart to Heart Video

1:30 **Team Meeting Essentials**
- Consensus Activity

2:30 **Break**

2:45 **Ecological Assessment Practices for Inclusion Teams: An Overview**
- Introduction and overview of the basics
- The inclusive environment (ECERS video)
- The family and staff
  - Interviewing
  - Role play
  - Critical competencies

3:30 **Accessing Information Using Effective Communication**
- Brainstorm where to find/review child information

4:00 **Bringing it Home**
- Action Plan
- Paper Tearing
- Shopping Basket (Shared Opportunities)

5:00 **Adjourn**

DAY 2

8:30 a.m.

Team Decision Making

Instructions

Welcome participants back and explain to them that much of today's discussion will focus on communication and its importance. The afternoon topic will focus on assessment and planning. You may wish to first ask the group if they have any questions concerning yesterday's workshop. Also, if possible, display the mission statements for each team. Advise teams that these are first drafts and may be revised as needed.

On the following page is a handout that is to be used for the first activity (handout #6-Cash Register Activity). This handout is NOT in the participants' notebooks. Be sure to have copies made for distribution at the beginning of the session. (The answers to the activity are on overhead #16-Cash Register Answers.)

Dialogue

This morning's topic is communication. Our warm-up activity is a team exercise. Look at your handout while I read the story to you.

Instructions

Read the first paragraph of the story aloud, then give the following instructions.

Dialogue

First, working alone, take about three minutes to complete your answers to the statements. You are to decide if the statement is true (T), false (F), or unknown (?). When I call time, join with the other members of your team and share your answers. As a team, agree on what your final answers will be.

Instructions

Announce time at three minutes, or when individuals appear finished. The next step, team consensus, usually takes about 5 - 10 minutes.

THE CASH REGISTER

The Story

A businessman had just turned off the lights in the store when a man appeared and demanded money. The owner opened a cash register. The contents of the cash register were scooped up, and the man sped away. A member of the police force was notified promptly.

Statements about the story

T, F, or ?

____ 1. A man appeared after the owner had turned off his store lights.

____ 2. The robber was a man.

____ 3. The man did not demand money.

____ 4. The man who opened the cash register was the owner.

____ 5. The store owner scooped up the contents of the cash register and ran away.

____ 6. Someone opened a cash register.

____ 7. After the man who demanded the money scooped up the contents of the cash register, he ran away.

____ 8. While the cash register contained money, the story does not state how much.

____ 9. The robber demanded money of the owner.

____ 10. The story concerns a series of events in which only three persons are referred to: the owner of the store, a man who demanded money, and a member of the police force.

____ 11. The following events in the story are true: someone demanded money, a cash register was opened, its contents were scooped up, and a man dashed out of the store.

Adapted from: Hallam, R., Berdine, P. and Napier, L. 1994 DEC/Head Start Southeastern Region Conference presentation: *Meeting the Needs of Rural Communities Through Interagency Collaboration.*

Dialogue

Do you have your team answers? Here are suggested answers on the overhead (Overhead # 16 - Answers).

Overhead #16 . . . . Cash Register Activity

Cash Register Activity

1. ?
2. ?
3. F
4. T
5. ?
6. T
7. ?
8. ?
9. ?
10. ?

Did your answers change as you moved from working individually to working as a team? If so, why? What do you see as the benefits of working with others? Sometimes we make false assumptions that we do not see, but someone else might. Different people think about things in different ways. This is an important advantage of team decision making. I truly believe, all of us are smarter than one of us.

Yesterday, in the process of developing your mission statement, how did your team work together to arrive at the final statement(s)?

Instructions Allow time for comments. Assess what process was used and lead into topic, e.g., democratic, consensual decision making. During the following dialogue, you will be using overhead #10-(Effective Teams), which was completed on **Day One**.

Dialogue

An effective transdisciplinary inclusion team must usually employ a consensual (i.e. all members must agree) rather than a democratic (i.e. the greatest number of votes wins) decision making process, especially when the decision requires ongoing actions on the part of each member, such as occurs in an intervention plan. In order to reach a consensus, the team members must develop good interpersonal communication and facilitative small group skills. These skills include listening, perspective taking, questioning for deeper understanding, and giving and receiving criticism. The interpersonal skills of team members affect the success of collaborative efforts (Johnson, et al., 1987; Johnson & Johnson, 1987). It is through good communication that members of teams reach some understanding of one another, build trust, coordinate their actions, plan strategies, agree upon a division of labor and ground rules for group activity (Johnson & Johnson, 1987; Kansas State Board of Education, 1992).

Working in partnership with another person or several people is both an art and a science. Yesterday, we listed the characteristics of effective teams. Let's look at that again and add any ideas we have about effective team members.

Instructions Some research based characteristics for consultants you may wish to include are: personal characteristics such as sensitivity, conveyance of respect, effective communication, genuineness, trustworthiness, and commitment. (Parsons & Meyers, 1989; Knoff, 1991)

Dialogue

In order for individuals to work well together, especially within teams, effective communication is absolutely essential. Skills which are particularly important include: decision making, problem solving, active listening and conflict resolution. On page #41 (Team Decision Making) in your notebooks you will see a list of several preconditions for problem solving leading to decision making.

These are the ideal conditions, but we realize they are not always possible. The first precondition is particularly relevant when there will be negotiations and concessions to be made between agencies, for example.

Overhead #17 . . . . Team Decision Making Preconditions

- Meet in a neutral setting (spatial arrangements).
- Avoid deadlines if possible (time constraints).
  The pressure of a deadline can snag creative problem solving. However, time is a very valuable commodity. Meetings should always have a clear beginning and end time in order to obtain full participation by very busy team members. Also, services for children with disabilities must move along for both legal and practical reasons. Developmental opportunities can be lost.
- Keep groups around five-seven people (size constraints).
  Five-seven is an ideal size for discussion, but problems have been solved very successfully in larger and smaller groups.
- All members should communicate with each other, not just the leader. It is everyone's responsibility to hear and be heard.
  This pre-condition, and the remaining ones, have more to do with the history and relationship of the group, and laying ground rules. The aim is to eliminate communication barriers within the group and facilitate the very best and safest environment for discussion.
- Control interaction "process" not "content."
- Share information between members (confidentiality should be assured if necessary)
- Resolve individual conflicts, resentment, defensiveness, etc. before the decision making process begins, preferably before the group convenes as a whole.

- Establish a goal of arriving at the best collective decision and avoid arguing for a personal position.

Are there any other preconditions that you would like to suggest based upon your experience? Many of us have served on both poor and excellent committees and work groups. How have these experiences related to these preconditions?

Instructions Allow time for participants to discuss the preconditions.

You are ready to move on to the actual problem solving process. You will be using overheads #18-20, (overheads #18-Step One, #19-Ideas, #20-Step Two) as well as participants notebook pages #42-45 (pages #42-Step 1, #43 - Problem Solving Exercises, #44 - Rules for Brainstorming, #45 - Step Two).

Dialogue

Having laid the preliminary groundwork, you are ready to start the actual problem solving process. As we mentioned earlier, in a democratic method the majority rules, while in a consensual method the entire group must agree. In inclusion teams, it is important for everyone to support what is being done. That does not mean that the solution to a problem may be everyone's first choice, but it must be acceptable and supported by everyone. The solution chosen with the understanding that evaluation will occur, and if not satisfactory, another solution will be considered. It can be a simple process for a group of people from different disciplines to come to consensus, when the group or team has a common mission and has developed the skills necessary to solve problems and communicate effectively.

One of the more used and recommended problem solving processes follows the scientific method. It can be very helpful to teams, particularly a program support team. It formalizes problem solving meetings in order to be efficient and objective. There are four general steps in this process.

Let's talk about Step One first: **The Problem Definition**. A clear problem definition is ninety percent of the method for finding solutions. If your information is faulty or incomplete, you will be greatly hindered in your thinking and search for answers. As the computer data-analysis wizards say, "Garbage in, garbage out."

Overhead #18, notebook page #42 . . . . **Step 1**

Define the Problem

Begin with a general overview of the problem and changes desired.

Define the problem using the following ground rules:
1. Accept all attitudes.
2. Ask questions to clarify.
3. Find out what has been tried using open-ended questions.

4. Conduct a thorough problem analysis. Take the time to think through all contributing factors.
5. Separate problem definition from solution search/evaluation.
6. Avoid stating goals in the form of individual priorities.
7. Depersonalize the problem. Maintain the safety and respect of everyone in the group. (This is a critical responsibility for group leaders.) In cases of conflict, address the antagonism rather than trying to fight the antagonist, that is, disagree with the idea, no the person.
    - Ask, "How do we differ?" not, "How are you wrong?"
    - Agree on a mechanism of agreement, rather than issue.
    - Use an impersonal format, e.g., organize comments on a board, flipchart, or transparency.
    - Interject light-hearted humor to relieve stress and make the group more comfortable, but never at anyone's expense; or take a break and then come back for further discussion.

We will take a moment to explore #5, separating a problem statement from solutions. Turn to page #43 in your notebooks, "Problem Solving Exercises." Working in your teams, try to identify the real problem versus the hidden, embedded solutions offered within these statements. Read through each statement and decide what is the core or central problem as best you can given the information you have.

Instructions Allow 5-10 minutes for participants to complete this activity. The answers to each case are listed below and should be discussed aloud after your group finishes the exercise.

Answers:

1. Embedded problem/solution: Jessie needs more rest time
   Basic problem: Jessie is inattentive

2. Embedded problem/solution: Christy's family needs to be less permissive
   Basic problem: Christy is not making satisfactory progress

3. Embedded problem/solution: The program needs more staff for Carey
   Basic problem: Carey currently requires much attention

Dialogue

Many of you may have heard similar statements from your colleagues or from families. Of course, sometimes the embedded solutions are the correct ones. It is easy for both professionals, paraprofessionals, and families, to get caught up in following the misleading trails found in problem explanations, when the real problem solutions might be somewhere else. Part of the reason why that happens is we tend to see only one answer for a problem, an answer based on our own experience. Our focus on what we think is the answer becomes a barrier to other potential solutions. (I am reminded of a recent caller on one of my favorite public radio show, "Car Talk." The caller explained that her car pulled to the right and she had taken it in twice to have the front end realigned. There had been no improvement at all. What should she do? The radio hosts explained that she needed to stop going to the shop with the solution instead of the problem. She was paying for help, and it was their job to discover exactly what was causing the car to pull to the right!) In short, it is possible to miss the basic problem altogether if we are not communicating or recognizing an accurate definition. In order to arrive at an appropriate solution, it is necessary to first clearly understand the real problem. Are there any questions or comments?

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Let's move on to Step Two in the problem solving process: **Generating and evaluating solutions**. Turn to the page #44 (Rules for Brainstorming) in your notebook. These are some suggested rules for brainstorming that will facilitate the process. I suggest you distribute these at your first few team meetings. Brainstorming is an effective means of generating a variety of solutions from which to select. It is also good for promoting a healthy, participatory team relationship.

Notebook page #44 . . . . **Rules for Brainstorming**

Do not evaluate!

No one should say:
- no
- that will never work
- that is a dumb idea
- that has already been tried
- that's a terrific idea
- yes, but. . .

Do not clarify or seek clarification.
Go for zany ideas.
Expand on one another's ideas.
List every idea.
Avoid attaching names to ideas or listing each person's contributions separately.

Source: (Bauwens, Gerber, Reisberg, and Robinson, 1991)

Following these brainstorming rules, let's take one of the previous problem statements from Notebook page #43 and brainstorm as a group. Which one would you like to try? Given what we've said **appears** to be the basic problem, what ideas do you have?

Instructions Use overhead #19 (Ideas) or flipchart to record all ideas.

Dialogue

As you see there are all kinds of solutions that might be offered. If you will allow your team the freedom and safety to brainstorm without censure and model the rules for brainstorming, you will find the creativity and quality of solutions will improve. This particular method is now considered a staple of most problem solving activities. There are some other ways of brainstorming, for example, first thinking through all the ways to increase the problem, taking turns around the table, or making suggestions anonymously in writing (for other ideas see Etington, 1984). After brainstorming, the next task is Step 2 in the problem solving process, is deciding the advantages and disadvantages of the solutions.

Overhead #20/Notebook page #45 . . . . Step 2

Generate and Evaluate Solutions

- Brainstorm solutions in terms of actions to take.
- Discuss advantages and disadvantages when finished brainstorming. Does a particular solution meet shared needs? Are any in conflict with someone else's needs? Will it positively affect the team's working relationship?
- Use techniques to review and adjust perceptions and attitudes. Attitudes/feelings "screen" and may distort information.
    1. Reality test the solutions. Are they all "do"able? Limited time and money are the most common realities. However, a big time investment in the beginning might pay-off with much more staff time available in the future as a result of the effort. An example is an intensive behavior change program that brings major disruptive behavior under control.
    2. Use open-ended questions.
       Examples: How do you feel about that?
       What are your thoughts on this, Helen?
       Comments anyone?
    3. Perceptions are linked to assessment of possible solutions. Change "subjective" assumptions to "objective" judgments through evidence. For example, you might ask, "Has anyone ever tried this before or know of anyone who has? What do we actually know that leads us to reject this idea?"
- Discuss how the different ideas are common or interrelated and/or might be combined to create a better solution.

9:45 Break

10:00 a.m.

Problem Solving
Process: Step Three

Dialogue

The third step in the process of problem solving is: **Deciding on a plan of action and evaluation**. If a team is having trouble selecting among options, one technique is to have a quick vote on what to try first. A variation on the traditional one person one vote idea is to ask for a vote from everyone on every solution by holding up one to five fingers, with one being least favorite and five being most favorite. These are tallied as points. Turn in your notebooks to Step Three on page #46.

Overhead #21/Notebook page #46 . . . . Step 3

Decide on an Action Plan and Evaluation

- Discuss and decide upon an agreed plan of action for the selected solution(s).
    1. Identify any remaining obstacles to goal attainment, and appropriate first steps to take in implementation. This will enhance concreteness and specificity of the plan.
    2. Explore the question, "How will we know if this is working? What kinds of results do we expect?"
- Organize the action plan
    1. Decide: "Who, When, What." Write it down.
    2. Agree to a follow-up meeting. Note information to be collected by that time to see if the plan was effective.
    3. If it is a serious problem that requires firm commitment, ask everyone present to sign the plan.

Sources: (Filley, 1975; Weeks, 1992; Wolfgang & Glickman, 1986).

It is important to write down the action plan. You may wish to select a standard form that will be used every time. An example of an action plan form is in your notebooks (page #47), or you may design your own. This written form provides your team with a record of what was agreed upon and a way of communicating with others about the decision. It also helps facilitate understanding and agreement among the team.

Overhead #22 . . . . Overhead #22

Team Meeting Action Plan

Date____________________

Location__________________________________

Participants:

Topics Discussed:

Action Plan

What	Who	Date

For example, given the ideas (overhead #19) that you offered for our "problem," you might decide as a team that this idea was your best solution. You would write the action(s) to be taken in a form that everyone agreed was clear. Then you would decide who was responsible and when they would do it.

Instructions Complete the form on overhead #22 (Action Plan) using volunteers from the group, e.g., observe at free play, circle time and after lunch, record behavior. 9/15/96. Sally Jones, special educator.

Dialogue

Action plan documentation can be very helpful for transition planning, for program reviews and other program accountability needs. Are there any comments about the third step? What about questions?

Finally, Step Four in the problem solving process is: **Setting the next meeting and recycling** as needed (overhead #23/notebook page #48 - Problem Solving Steps). Implementation is always followed by evaluation and recycling of problem solving as needed. This process can be carried out with the help of a program support team, the inclusion team or a combination. The integrative decision making model works in all types of teams as long as the right decision makers are present. It is inefficient and frustrating to tackle a problem that will clearly require permission or assistance from someone that is not present at the meeting.

After everyone clearly understands the plan for implementation and evaluation, and who is responsible for what; decide upon when the team needs to meet to see how things are going. This may be determined by how much time is needed to see a difference, how urgent and sensitive the problem is, or how much monitoring and support the implementers need. At the next meeting, the team should review the problem and outcomes. If the problem remains or if new challenges have arisen, then the steps can be followed as before. The more teams work together in this manner the more efficient and effective they become at arriving at solutions.

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10:30 a.m.

Team Communication

Instruction Now that the group is familiar with the preconditions for decision making as well as the problem solving process, it is time to explore some of the basic skills necessary for effective communication within a team.
The first activity should be used to introduce the importance of active listening skills which are foundational to good communication and to team development. Ask participants to pair off in order to role play two individuals with a strong difference of opinion. You may use any safe, well known, but controversial topic. The suggested topic is: the right to smoke in a public place. One person in the pair will be asked to argue pro and the other person con. The scenario is described on in the participant's notebook (page #49 - My Rights). When the components of active listening skills are presented, the two trainers may conduct a demonstration or assign the demonstration to pairs of participants.

Dialogue

Now that you are all familiar with the preconditions for decision making as well as the problem solving process, we will begin to explore some of the basic skills that are necessary in order to have effective, collaborative communication within a team.

We will begin with an activity in which you will work in pairs. Turn to page #49 in your notebook and find a partner. Each of you will role play the scenario described. One person will argue for the right to smoke in public places and the other against. This is a role play so you don't have to pick the side you believe in, in fact you might have more fun taking the opposite side. Whichever side you're on, I want you to do your best to make your point. Think of all the possible arguments in support of your side. Decide who is for and who is against, and begin. You will have only a few minutes, I will let you know when you have one minute left.

Instructions Allow 2 minutes giving a warning at one minute.

Dialogue

How did it go? It looked to me like there were some frustrated people in the room. Were you able to see the difficulties of communicating with one another when opinions are so different? Do you think you were making a lot of progress toward an agreement?

This activity introduces our next topic, **active listening**, as originally described by Thomas Gordon (1977) in his works on teaching, parenting and leadership. Did you notice during the role play that you were spending most of your energy trying to decide what you were going to say and much less energy trying to understand what your partner was saying? Active listening skills have been found to greatly improve communicative relationships between individuals, particularly when there are different points of view. These skills require continual practice in order to use them comfortably and appropriately, and what we will be doing today is only an introduction. If there is one common need for improvement in humans it is being better listeners. A well known saying is "There is a reason God gave us 2 ears and only 1 mouth." I am sure that some of you have been exposed to active listening before, and some of you may already be quite skillful. We will go over the important elements, and I hope you will contribute your thoughts as we go along. If you will turn in your notebooks to page #50, we will go over the various components of active listening.

Overhead #24/Notebook page #50 . . . . Components of active listening

- Acknowledging (eye contact, leaning forward)
- Paraphrasing the speaker's statements
- Reflecting the underlying messages
- Clarifying what was said
- Elaborating or expanding what was said
- Summarizing

Instructions Demonstrate non-verbal and verbal acknowledgements with each of the points below. A trainer and co-trainer can role play speaker/listener roles or distribute notecards with dialogue for participants to read out loud. Also, the participants may provide examples from their behavior, particularly for the non-verbal acknowledging.

Dialogue

The first component, **acknowledging**, involves indicating to speakers that you are listening to what is being said and at the same time not judging what they are saying.

a. Nonverbal actions such as leaning toward speakers, maintaining eye contact, nodding or showing appropriate facial expressions indicate an acknowledgement of the importance of communication.
b. Responding to speakers with the same depth of feeling that they are using to speak or responding in a manner that leads speakers to a slightly greater depth of feeling are most effective in conveying your acknowledgement of the intent of the conversation.
c. Using simple verbal responses such as, "I'm listening, please continue," "Yes," "Right," facilitate the communication process.

The second component, **paraphrasing** the speaker's statements, is an attempt on the part of listeners to reiterate the essence of what has been said using the listener's own words and expressions. Some purposes include:

a. Paraphrasing can convey that you are in tune with the person and are putting forth your best effort to understand what they are saying.
b. Paraphrasing can crystalize thinking by repeating what they have said in a more concise manner.
c. Paraphrasing is a method for checking listener's own perceptions in order to confirm understanding of what the speaker is describing.

Paraphrasing entails some recognition of the person's feelings from a cognitive or content perspective.

Instructions The following may be done as role-play.

Dialogue

For example:
Speaker: "I don't know if I can work with him. His degree is from some non-accredited school and he's had very little on-the-job training or experience. His people skills seem questionable too."
Listener: "You are not certain you can work with him because you are concerned with the quality of both his professional training and his personal relations."

Let's practice this. Turn to your partner and share some concern. It can be anything. . .what to wear, where to eat dinner, anything. Your partner will paraphrase what you have said. Then you will switch. Let's do this quickly. Do you need to have another turn or do you feel you have the idea?

The third component, **reflecting**, is a response that focuses on the speakers' feelings. Listeners share their perceptions of speakers' feelings and how they feel listening to speakers and/or how they would feel in a speaker's place. Reflecting the feeling being expressed is a skill that is appropriate at any time regardless of the nature of the feeling (i.e., positive, negative, ambivalent, etc.) or the direction of the expression (i.e., toward self, toward others, toward the consultation situation, etc.).

> **For Example:**
> *Speaker:* "I wonder if anyone can help me find a good job..(pause)...I suppose if I did find one I'd just bungle things again."
> *Listener:* "You feel that it's pretty futile to try again."

Okay, let's try this with your partner as we did before. Share some more about the concern you were talking about before, but this time your listener should try to tune into some of the feeling behind your statements. You might use a statement such as "You're feeling frustrated / excited / worried / angry / confused about. . ." The speaker may respond by clarifying the feeling if they choose.

How did it go? You may feel awkward at first, but this is a positive way of supporting and listening to individuals. If you want to put this skill to the test, practice it with your teenagers. You will find that they will tell you more and really appreciate your listening to them at this level.

The fourth component, **clarifying**, is a form of feedback that can help listeners obtain more information or make certain that the message they heard was correctly understood.

> **For Example:**
> "Is that about right?"
> "Do I understand your feelings correctly?"

The fifth component, **elaborating**, is a method of helping speakers move from less clarity to more. If, for example, the message is guarded or the person is unclear about some issues, then listeners should try to speak directly, clearly and openly. What is presented by speakers on a superficial level may be elaborated by listeners at a more synthesized level. Elaborating may also be based on viewing the total communication of speakers, or in other words, the verbal and nonverbal cues and the total meaning of these.

The sixth and last component of active listening, **summarizing**, is a method of pulling together the relevant information and letting it speak for itself. This technique is especially helpful when speakers have had trouble identifying the problem or have presented the information in a fragmented manner. It is a method of obtaining closure when speakers appear to have said everything they have to say but may not be certain that all has been said. Some pointers include:

a. Use only information presented by speakers.
b. Select only relevant data.
c. Use it to move the process along.
d. Encourage the speaker to summarize, too.

If, you can summarize in your own words what was said and the feelings expressed, and the then speaker confirms your understanding, you know you are listening well.

Once more, please turn to your partner and summarize what he or she has been saying to you in the last two exercises. *Source: (West, Idol & Cannon, 1989).*

Instructions Following the discussion about the components of active listening, participants should recall notebook page #49 (My Rights), and try the role play activity again using active listening. Discuss the differences between this role play and the previous one.

Upon completion of the role play activity, show overhead #25/notebook page #51 (Pitfalls for Listeners), in order to review the common pitfalls for listeners that have been identified in the literature.

Dialogue

Now that you have practiced most of the components of active listening, let's return to our first exercise (e.g., public smoking) and try the role play activity again using active listening. Try to use at least two of the techniques we have discussed. Take a few minutes to review your notes, and then begin. At the end, see if you can identify the techniques that each of you used, and give each other constructive feedback.

Instructions Allow 5-10 minutes for participants to do role play activity in their pairs.

Dialogue

How did you feel this time? Were you more successful with communicating this time? Are there any questions or comments?

Let's move on now to the common pitfalls for listeners that have been identified in the literature. An outline is on our next overhead and in your notebook on page #51.

Instructions Show overhead #25 (Pitfalls for listeners).

Overhead #25/Notebook page #51 . . . . Pitfalls for Listeners

1. Preoccupation
2. Listener more interested in talking than listening

3. Anticipation of speaker's intent
4. Evaluation and judgement of the speaker
5. Inadequate understanding of the situation
6. Distrust
7. Language barrier (dialect, jargon, different connotations)

Source: (West, Idol & Cannon, 1989).

Dialogue

If you would like to learn more about listening, there is much literature that addresses this topic. Administrators may be familiar with training opportunities in your area. There are several national training organizations that advertise training on communication topics in local papers.

As we break now for lunch, I hope you will think over some of these skills and even try them with your lunch partners. Enjoy your meal, and happy listening. We will show another video clip from Heart to Heart this afternoon. Be sure to be back at 1:00 so you won't miss it.

12:00 Lunch

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1:00 p.m.

Conflict Resolution

Instructions The afternoon begins with a discussion of the difficult communication situation--conflict. Following the discussion, the rest of the afternoon should be spent addressing team logistics and assessment suggestions specifically for inclusion teams. Diagnostic and developmental assessment for the child being served is NOT covered. It is assumed that team members have these skills. Some of the less well known and finer points of ecological assessment to promote inclusion are presented.

There are two possible scenes to use from the *Heart to Heart* video. The first scene is near the end of the tape and involves an administrator relating a disagreement with the family about placement. The second, which follows the previous scene, is a mother who disagrees with the intervention method being taken. The trainer should review both to decide which might be most appropriate for the audience.

Dialogue

We'll start with a brief clip from *Heart to Heart*. Listen for areas of conflict that might exist in the following scenes. (Show video.)

Would you say that there are potential conflicts here? Most of us would agree that this is a difficult situation. Active listening is an important tool for resolving conflict as it is a mode of conflict prevention. An additional way to prevent or resolve conflict is to try to emphasize the similarities between the individuals involved. This can be done by a team leader or facilitator, or you might take the initiative in your personal dealings with another member of the team. These strategies in combination with active listening make for a win-win situation. On notebook page #52 are listed some ways of helping individuals recognize their commonalities.

Notebook page #52 . . . . Finding Common Ground

1. Use familiar language or frames of reference.
2. Define overarching, transcending, common goals.
3. Use reminders of mutual success or progress.
4. De-emphasize any differences between members.
5. Emphasize common associations with one another.
6. Openly acknowledge any and all help received.
7. Disassociate from past unpleasant circumstances.

Another technique for larger, philosophical differences is to *deconstruct the issue*, breaking down the components of it in order to make it more manageable. This is a way of approaching the problem definition in Step One as the problem solving process begins. The individuals would tackle one component at a time. Many times a careful look at each of the elements of an issue creates a new perspective and less resistance. In an earlier activity, the teacher believed the family spoiled Christy and thus created problems at school. The teacher might deconstruct this conflict by sharing with the parent a specific independent skill that is needed in the classroom, or by asking the parent to describe how a particular self-help skill is demonstrated at home. This would be done in combination with #1-7 of the problem definition rules in your notebook.

In a conflict situation, advice in Stephen Covey's Seven Habits of Highly Effective People applies, "Seek first to understand; then to be understood." These are wise words that work in many situations.

There has been a lot to absorb about communication today. Most of us have difficulty following good communication rules without practice. Take even one technique and learn to do it well. Good communication is beneficial in relationships with your children, your spouse, your friends, your colleagues, and those you serve.

Do you have any questions or comments about active listening before we move on to **organizational procedures** within your team?

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1:30 p.m.

Team Meeting Essentials

Instructions You will now begin discussing organizational procedures within a team. Use Overhead #26 (Team Meeting Essentials), to discuss the criteria for regularly scheduled meetings. Following this discussion, ask participants to turn to notebook page #53 (Team Meeting Agenda Form) and notebook page #54 (Agenda) and review the examples. During the afternoon break, locate one volunteer to role play a pre-school teacher for the case study. You will interview the person in a roleplay before the group. A second trainer, or another volunteer will make notes about what is said.

Dialogue

Organizational procedures within your team go hand in hand with communication skills. Team members need communication skills and an organizational structure that promotes full, active participation among all members. First and foremost, your team should have regularly scheduled meetings. How to accomplish this will probably be the first problem you solve. Finding a way to meet regularly is one of the most difficult tasks for teams working with young children. Having regular meetings, however, is one of the best indicators of a successful program and offers many rewards for the team that far outweigh the initial hurdles. A team meeting may be very structured or only minimally structured. A few essential elements include:

Overhead #26 . . . . **Team Meeting Essentials**

- A pre-set agenda agreed upon by the team members.
  It may written in outline form (very structured) and sent to each member prior to the meeting or it may simply list a few topics to be covered (less structured)
- A designated leader (it may be rotated).
- A recorder - to record pertinent information and decisions made by the team.
- Timekeeper - to monitor time; the meeting should begin and end punctually, and to help move the agenda along.

Optional roles to facilitate participation.
- Observer - assures the use of collaborative skills by team members and engages the group in processing their effectiveness in achieving goals.
- Tracker - keeps members on task.
- Summarizer - summarizes the discussion and actions for each agenda item.

Let's look at page #53. This is an example of a team meeting agenda form. Take a moment to look it over. Are there any questions or comments about this? On the next page is a sample agenda from a real team meeting.

Finally, in order to be effective in your team meetings, support systems and resources need to be in place. Most organizations, whether an LEA, Head Start or private program, will not have staff members who can answer every question and meet every challenge a team, teacher, child or family presents. This is the reason that administrators must help their teams develop a network of supports, including other colleagues from other systems, colleges and universities, state and local agencies. There are, of course, national resources available through federally funded projects and contractors. In the appendix of your notebooks is a resource list that you may find helpful. Also, you will receive a list of all the participants in this workshop. I am sure you will want to keep in touch with your colleagues who are involved in similar activities. They can be a good resource of support for you.

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Instructions The next activity will be done in teams. It is intended to give members a chance to practice the skills that have been presented while working through a problem solving activity. This is a forced choice activity that usually generates lively debate. Use overhead #27 - (Consensus Activity Instructions), during this activity. The participants will use notebook page #55 - (Consensus Activity Worksheet) to complete this activity.

Dialogue

Now let's try to apply some of the things we have talked about today in a team consensus activity. In this activity you are to concentrate on active listening while following the problem solving steps. Two elements have been done for you. You will not have to brainstorm because the solutions are already given. These are your only choices. This is part of the "reality test". Read the worksheet on page 55, rank the options in order of your choice. When all members of your team have completed the worksheet, work together to arrive at consensus on the preferred option. Remember that consensus does not mean all team members agree on the best solution, rather that all team members agree they can comfortably support the group's decision. The three rules are: NO AVERAGING, NO VOTING, NO HORSE TRADING. Alright, select the people for essential roles: leader, recorder, timekeeper. Then given the information you have, make your decisions individually, then meet as a team and go through the problem definition steps, evaluate your options, and make a decision by consensus. You will have twenty minutes.

Instructions Allow 20 minutes for this activity.

Dialogue

How did it go? I heard some creative ways of dealing with the forced choices. Take just a few minutes to discuss among yourselves: What helped you reach consensus? What hindered progress? What pattern of decision making was used? (Allow about 3-4 minutes) Could I have reports from the teams? Who wants to go first? (Process comments) Are there any other questions or comments?

Let's take a short break and when we return we will go over some of the types of information your team will need to gather, and how to do that in order to ensure that inclusion is a success. I will need a volunteer to help do a role play during the next session. It is an easy role, you get to be the concerned pre-school teacher. I will give you your instructions during the break.

2:30 Break

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2:45 p.m.

Ecological Assessment Practices for Inclusion Teams: an Overview

Instructions During the break, explain the case study of "Ben" to the volunteer. The volunteer is to express his/her concerns, priorities, and knowledge based upon the case study.

Assessment is organized into three major topics: environments, family and staff needs, and ways of accessing information that might enhance the assessment and evaluation.

The information on assessment is written on the assumption that professional team members have the prerequisite skills in child assessment but may be less familiar with how to assess important features of the environment where the child is or will be included. The definition of the environment includes the caregiving or instructional staff in the setting and the structure of the setting itself. Additionally, the consultants often need training in family-centered assessment practices; therefore, suggestions are offered. Time allows only a brief overview of these assessment issues. Follow-up training and technical assistance is highly recommended.

In presenting this section, you may wish to review various methods used in child assessment as a springboard for discussing how these same methods are adapted for assessing adults. It is important for those consultants responsible for environmental assessment to establish with the staff and program director that they are assessing needs relative to the unique situation created by the child with a disability, the peer group, the family and the staff. The assessment is to facilitate designing strategies that will support the staff in promoting child goals rather than an evaluation of the teacher or setting in a specific, critical way. Consequently, an evaluation for quality and staff competencies should be done early in the site selection process; it can be a match-making activity of sorts. Once a site is selected as an appropriate service setting, the continued evaluation of the quality of the program is usually considered to be in the domain of a staff supervisor, not a consultant. This distinction should be thoroughly understood by everyone.

Discuss the why, what, and how of assessments using overhead #28 (Why, What, and How of Assessment). Following this discussion, review notebook page #56 - (Inclusion Assessment Basics) with participants.

Dialogue

We will now begin discussing assessment based on several topics: a brief overview of the basics of assessment; methods for assessing the environment, staff and family needs, and suggestions for accessing information about the child. We could actually spend an entire workshop on assessment alone; however, because of time considerations, we will simply review the points most relevant to inclusion.

Let's look first at the why, what and how of assessment.

Overhead #28 . . . . Why, What, and How of Assessment

Why: To obtain a comprehensive, ecologically valid understanding of needs for the purpose of designing consultation that meets the unique needs of the child and the staff

What: To obtain history, records, testing, observations/opinions/concerns of others and any new information

- Physical/medical status and history
- Environmental influences
- Developmental history and status
- Caregiver/family concerns and priorities

How: A collaborative, open process for honest examination that can allow the setting of realistic goals

Notebook page #56 . . . . Inclusion Assessment Basics

(1) **Assessment by consultants is a collaborative support process**. Consultants should engage in assessment for the purpose of collaboratively designing a consultation plan to address the unique needs and concerns of the consultee, but should avoid creating the view that he/she is an outside "expert" evaluating the performance of an individual and dictating changes.

(2) **Assess needs relative to the unique situation created** by the child with special needs, the peer group, the family, the staff, the physical setting and available resources. The purpose of the assessment is always to design strategies that will support the staff in promoting child goals.

(3) Careful assessment should **describe the unique dynamics of the situation**, define the parameters and determine the design of the consultation plan. Assessment should be viewed as a constructive process to promote growth. It should be conducted as a team whose members respect the views and judgements of all members.

(4) Evaluation of the teacher or setting in the broad sense for **matching child and program is done early** before a consultant-consultee relationship begins. It involves self-assessment and informal, non-threatening observation. Also, it is preferably led by the administrators responsible for overall program and staff evaluation. Once a site is selected as an appropriate service setting, the continued evaluation of the quality of the program is usually considered to be in the domain of a staff supervisor or other administrator rather than a consultant. This distinction should be thoroughly understood by everyone. Consultants have specific roles and specific expertise to share with staff and vice versa; therefore, trust and respect must be carefully cultivated in their relationship.

(5) The identification of competencies for special educators has been the focus of research for the last two decades. Many competencies have been empirically validated for positive child impact (Gable, 1992). It is important to **identify critical competencies for direct caregivers** including a child with special needs. (See appendix). In various inservice training projects, child care staff have demonstrated several common needs which include needs in knowledge and skills regardless of the child's disabilities. Most staff first ask for a complete understanding of the specific characteristics and etiology of the child's disability. The second request is for a list or resource guide for appropriate materials and activities for the child.

Consultants have specific expertise to share with staff and vice versa. It is careful assessment that will describe the unique dynamics of the situation, define the parameters and determine the design of the consultation plan. Assessment should be viewed as a constructive process to promote growth and should be conducted as a team in which the views and judgments of all members are respected.

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3:00

Assessing the Inclusive Environment

Instructions Assessing elements of the inclusive environment is divided into three parts: observing, interviewing, and surveying. Begin by using overheads #29 & #30 (Early Childhood Program Quick Check) as well as notebook page #57 for examples of observation checklists. The video developed for the Early Childhood Environmental Rating Scale (Harms & Clifford, 1980) is presented for participants to practice using an observation instrument. Viewing the first 12 minutes of the ECERS video will provide an overview of the categories and two practice observations. The entire video with practices requires approximately 40 minutes. Providing participants with ECERS protocols (see materials list for purchase information) facilitates their understanding of the use of an observation instrument.

Using overhead #31 - (Interviewing and Surveying) along with notebook pages 58 - (Tips for Interviewing) and #59 - (Four and Ten Questions) discuss interviewing and surveying in terms of assessing the needs of family and staff. Identify using overhead #32 (Critical Competencies) the six critical competencies for inclusion (also in the appendix).

Dialogue

Does anyone have any questions about what we have reviewed about assessment thus far? If not, let's talk about how you can go about assessing the important elements of the inclusive environment. We can actually divide this category into three parts: observing, interviewing and surveying.

Let's now briefly review observation. Being able to use basic observational tools is an important skill for any team member, but especially consultants. With a behavior problem, for example, good observation allows consultants to competently and objectively provide relevant data. Furthermore, the methods can be demonstrated for staff in order for them to use in monitoring. The observer must first know exactly what is to be observed and then have a plan for how to go about it. The "what" can be a broad as an array of characteristics of a quality program, or as narrow as a particular behavior demonstrated by an adult or child. When to observe then occurs in accordance with the "what". For example, the observer can list events as they occur, or count behaviors during a specified period, say fifteen minutes. To increase the confidence that may be placed in the results, additional observers may be used and observations should be made for completely representative period of time. The team should look for appropriate expertise among its members for help in deciding what is appropriate in designing an observation plan, such as a school psychologist or psychometrist.

There are a number of tools for observing early childhood environments. One example would be checklists which offer a quick evaluation for indicators of quality of a particular program. This Early Childhood Program Quick Check is one example.

Overheads #29 & 30 . . . . **Quick Check**

Early Childhood Program Quick Check

Listen for. . .

- Positive attitudes about inclusion
- Openness to collaboration
- Compatible educational practices and philosophies
- Staff with basic credentials
- Time for planning together
- Time, desire, and energy to learn new skills
- High morale, low turnover

Look for. . .

- Early childhood education principles
- Accessibility
- Adequate resources, space, staff
- Positive climate
- Caregiver-child match

Notebook page #57 - (Child Care Checklist) is published in brochure form through NAEYC. There are program quality checklists designed specifically for infant/toddler as well as preschool settings. The titles of these are:

Finding the Best Care for Your Infant or Toddler (NAEYC, #518)
How to Choose a Good Early Childhood Program (NAEYC, #525)
Child Care Checklist (SECA, #91-5A)

At this time we are going to view a training video that describes how to use one instrument, the (ECERS) Early Childhood Environment Rating Scale (Harms & Clifford, 1980). There are seven areas covered in the separate subscales. The environment is defined by this scale as including the use of space, materials and experiences, daily schedule, and supervision. You will use the ECERS protocol to follow along and score a few examples.

Instructions Distribute ECERS protocols. Show video ECERS (12 minutes).

Dialogue

This is a brief introduction to the use of an Environmental Rating Instrument. You may want to view this video in its entirety to become familiar enough with the instrument to use it comfortably as your team considers placements for children. Does anyone have any questions or comments about this? For those of you that are consultants, I would suggest that once you have determined where the child is placed, that you spend an entire day in the room with the caregivers or teachers. This is something parents should consider doing too. The insight can be very valuable in making truly helpful suggestions. (Note: Additional information on observational tools may be found in any basic text on assessment.)

Assessing Family and Staff needs and Priorities

One of the most important aspects of assessment for successful inclusive practice is determining the primary concerns, needs and priorities of the family for their child. Methods of assessing family strengths and needs include formal questionnaires, interview and observation. There are several family needs assessment instruments that can be used (Bailey & Simeonson, 1990; Dunst, 1986). Some families prefer a questionnaire that they complete in private, others may wish to be interviewed. Following are some advantages and disadvantages of interviews and surveys.

Overhead #31 . . . . **Interviewing and Surveying**

Advantages
- Provides access to more information
- Reveals the more subjective elements of behavior
- Offers more flexibility, easily tailored to concerns of interviewee
- Determines priorities
- Preferred by adults
- Improves rapport

Disadvantages

- Too subjective, inaccurate perceptions
- Time consuming to conduct and establish sufficient trust initially
- Requires sophisticated communication skills, difficult to standardize
- Difficult to limit focus; most interviews lead to other concerns

Page #58 gives tips for a productive interview. The use of active listening techniques when interviewing will help facilitate the process.

Notebook page #58 . . . . Tips For Interviewing

- **Make an appointment.** Explain the purpose of the interview prior to the meeting.
- **Be prompt.**
- **Gather as much pertinent information prior to the interview.** Do not waste interview time. This is a very valuable opportunity that needs to be rich, focused, but not exhausting (an hour and a half is the maximum). Don't overstay your welcome.
- **Ask one simple thing at a time.**
- **Build and maintain rapport. Use active listening.** Watch body language and shifts in conversation. Is the person having difficulty with the subject, or moving on to something they consider more important?
- **Be aware of how you bias the interview with your own responses.**
- **Use question sequences that produce the most helpful attitude.** Begin with the safest questions and then the more difficult ones.
- **Do not "lead the witness" if you want spontaneity.**
- **Remember that open-ended questions encourage additional ideas, e.g., "Could you tell me more about. . ." Closed questions focus specifically on parts of the issue and may yield less information.**
- **Learn to be comfortable with silence to facilitate, but not control the process.** It may be resistance, frustration or needed time for reflection.

Consultants should model and encourage members of the team to constantly seek feedback and opinions from the family. As team members, family is included in planning and decision making and is an excellent source of ideas for strategies and methods to fully include the child in the setting.

On page #59 in your notebooks are suggested interview questions. The interview may be conducted with all ten questions (this is preferred when interviewing the family) or with the four questions at the top of the page only.

The same four and ten questions used to interview the family can be used to interview the teacher. These questions can help frame a focused interview around the primary staff concerns and goals relative to service in their program.

Instructions Ask for the role play volunteer to come forward and be seated facing you. Conduct the interview using the ten questions as if this were a real case. Ask a co-trainer or volunteer to take careful notes during the interview. Try to cover the important questions in fifteen minutes.

Dialogue

Now, let's look at the interview questions on page #59, and the case study on page #60 & #61. We have a volunteer that is going to role play this interview for the group. I will be the interviewer, and our volunteer will play the role of the preschool teacher. Please take a few minutes to read the case study, then we will begin.

Instructions Pause for role play. This interview will take approximately 15 minutes.

Dialogue

What are your comments about this interview? Did the interviewer follow the tips we talked about?

Lastly, we will briefly mention some key points about surveying in particular. Questionnaires or surveys that take the place of face to face interviews may be an acceptable way of obtaining information and monitoring progress. Self-report and self-monitoring offer an alternative to observation and interviewing although self-monitoring is actually self-observation. The major disadvantage of this is the reliability of the information which possibly might be influenced by motivation, anxiety, memory, etc. However, this approach is often preferred especially when the presence of an outside observer would significantly alter a behavior or when an observer is completely impractical. Examples include questionnaires, observation checklists, etc.

As you begin thinking about how to support the staff in an inclusive setting, you should consider everything you have learned from the interviews and observations. Also, you should be aware that there are some critical competencies for staff working in inclusive programs. These can be another way of planning and designing consultation services. On the next overhead is a list of six areas of competency needed by the staff in an early childhood inclusive program.

Overhead #32 .... Critical Competencies for Inclusion

- Individualizing instruction throughout the day
- Promoting social integration
- Using positive behavioral support techniques
- Monitoring progress through ongoing assessment
- Communicating with families of children with special needs
- Collaborating and coordinating with other professionals

Consultants should observe for and interview about these competencies, caregivers should self-evaluate and express his/her concerns and goals to their team. This information is used in making the final support plan.

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3:30 a.m.

Accessing Information Using

Dialogue

In order to be economical and to enhance the validity and reliability of the assessment, it is important to gather as much pertinent background information on a child as you can. A resourceful assessment team will obtain all appropriate information without duplicating work and unnecessarily re-asking the family questions. There are numerous places to look for histories and records.

Let's use problem solving here. State the problem: We need a way to obtain reliable, quick, economical sources of information to build a comprehensive picture of the child.

Now, let's brainstorm some of the places you might look for information.

Instructions Brainstorm briefly with the participants to get them started. Write responses on overhead #33 in the appropriate category. Some examples of potential sources of records/reports follow:

- Pediatrician, Family Medicine, private therapists
- Hospital (discharge summaries)
- Health department
- ADC (Aid to dependent children)
- EPSDT (early periodic screening diagnosis & treatment)
- Children's Medical Program
- Children's Rehabilitation
- Mental Health Center
- Assistive Technology Center
- Easter Seals
- Medicaid
- United Cerebral Palsy Association
- Head Start
- Infant/Toddler Program
- University Affiliated Program
- Social Security Office
- Local Education Agency
- Children with Special Health Care Needs Program (CSHCN)
- university or regional diagnostic centers & private clinics

Following are sources of information on current performance:

- Head Start/childcare logs and developmental assessments
- Work samples, portfolios (also check cubbies and work displays)
- Notes to and from families
- Home and classroom videos

Dialogue

Families should keep copies of all records in a personal file. It greatly speeds access to information if the family can provide reports, exact dates, file numbers, and so forth.

Instructions Ask participants to use Ben's case study on notebook pages #60 & 61-Head Start Case Study, and the next notebook page #62-Assessment Plan Outline, to complete the following activity. This may be done as a large group or in teams.

1. Add to the list in the left hand column all the information needed to obtain an eligibility ruling and to plan the program.
2. List tools such as: a report or a particular test.
3. List the method: obtain release, do interview, and observe.

During this exercise, use active listening and problem solving methods as we have discussed.

Of course, similar to family and staff, you will want to remind the teams they must determine the needs of the child as well as any concerns about the child. Information about the child may be gathered via teacher, parent/caregiver or the child himself depending on the age of the child.

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4:15 p.m.

Bringing It Home

Instructions The final session should be used for teams to evaluate how they will take what they have learned during the workshop back home for implementation. Have participants use page #63 - Team Action Plan, in their notebooks for each team to write down their plans. Allow twenty minutes for this activity. At the end of twenty minutes stop them and conduct the Paper Tearing Exercise described below. This exercise is used to demonstrate the danger that even simple instructions can be misinterpreted if ambiguous words are used or the recipient does not ask for clarification.

Dialogue

On the last page of your notebooks you will find a copy of an Action Plan. As a final activity each team should decide where they go from here. What is the next step in the process of inclusion for your team? These steps may include; visits to potential placement settings, revision of interagency transition agreements, administrative approval for release time for team meetings, sharing information you have acquired here with other potential team members, accessing records or interviews with teachers and parents. Think about what action your team needs to take next, who will be responsible and what the time line for accomplishment of actions needs to be. You have twenty minutes for this activity.

Instructions After the teams have worked on their Action Plans for twenty minutes stop them and have a volunteer from each team stand in the front of the room, facing the group. Give each volunteer a square sheet of blank paper and these two rules: eyes must be closed during the exercise and questions may not be asked.

Give the following directions:

1. Fold your paper in half and tear off the bottom right corner of the paper (wait).
2. Fold the paper in half again and tear off the upper right hand corner (wait).
3. Fold the paper in half again and tear off the lower left hand corner (wait).

Instruct them to open their eyes and display the unfolded paper to each other and the audience. Use the following questions for discussion: Why were the end results (the unfolded papers) not all the same? What words in the directions could be interpreted in different ways? How could the directions have been better stated, so as to reduce the ambiguity involved? If the participants had been allowed to ask questions would the result be different? How can we encourage people to raise questions for clarification when they don't understand? (Source: Russell Dore, Fruehauf Corporation, Detroit, Michigan).

Dialogue

This activity was intended to demonstrate that individuals don't always interpret what they hear in exactly the same way. A primary topic of today's workshop has been effective communication. Please spend the next ten minutes back with your teams clarifying the plan you have developed. Use your communication skills to confirm that team members have a mutual understanding of the actions required by your plan.

Instructions Allow ten minutes for teams to review and clarify their action plans. It is important to give some kind of closure to this training. What approach you use should be decided by the makeup of your participants and the emphasis of the training. Certificates can be presented to all participants, a collection of materials representing the task ahead of them can be distributed, or a story and memento can be used. As an example, we have distributed green plastic bead necklaces (in our region of the country they are available for Mardi Gras) to participants. Then we related the following story.

Dialogue

The difference between a synthetic emerald and a real emerald is discovered by the presence of imperfections in the stone - pockets of air that contain various particles. These "imperfections", which are responsible for the uniqueness of each stone, are called inclusions. We believe that like precious gemstones, it is the diversity among human beings that gives us the opportunity to truly value each person's individuality. Inclusion is a process that requires a commitment to the worth and contribution of all people. Take a green necklace home, put it on your desk or share it with your class, but let it remind you of your mission.

"Coming together is a beginning; keeping together is progress; and working together is success."
Henry Ford

Please complete the workshop evaluation form and turn it in before leaving. Thank you for being here.

5:00 Adjourn

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Day One
Participants' Notebook

DAY 1

Shared Opportunities: Supporting Inclusion Through Consultation Services

WORKSHOP OBJECTIVES

Days One and Two

At the conclusion of this workshop participants will be able to

- Identify benefits and barriers to inclusion
- Recognize a consultative model of service delivery
- Identify recommended practices in the field of early childhood and early childhood special education.
- Describe different types of teams
- Identify team members and their current roles, skills, and concerns.
- Demonstrate skills in active listening
- Use a formal team problem solving model
- Use conflict resolution strategies in the process of reaching group consensus

4

- Identify appropriate, collaborative tools and methods for assessing setting, staff needs, and family concerns.

AGENDA

8:30	**Welcome and Opening Remarks** Inclusion Benefits and Barriers Shared Opportunities Video Consultant Roles
9:30	**Basics and Recommended Practices Carousel** Carousel Activity
10:00	**Break**
10:15	Panel: Guest Speakers
12:00	**Lunch**
1:00	**The Inclusion Team: Models and Roles** A Jargon Game Effective Teams
1:50	**Break**
1:55	Comparative Teaming Activity
2:50	Member and Team Profiles
3:30	**Break**
3:45	**Developing a Core Service Team**: Ground Rules and Mission Statement
5:00	**Adjourn**

Inclusion of Young Children with Special Needs

Benefits:

Opportunity Barriers:

Access Barriers:

Characteristics of Collaborative Consultation

Consultation has the following characteristics:

- it is dynamic
- it is a relationship among many
- it involves an indirect relationship with the child
- it involves a direct relationship between the early childhood professionals and the child
- It involves voluntary cooperation
- It has a proactive aspect

Roles of the Consultant may include:

-
-
-
-
-

Source: Best Practices in Integration (1992).

Shared Opportunities Video

"Shared Opportunities: Consultation Services in Early Childhood Programs"

Inclusion Demands:

The frequent, planned support of consultants which in turn involves:

- working with families as partners
- setting appropriate goals for children and the staff serving them
- identifying all available resources to achieve these goals

It also involves:

- planning and preparing the environment
- sharing roles
- maintaining open lines of communication
- solving problems together
- evaluating throughout

Stages in the development of the program include:

- determining community resource options
- needs assessment of the child and family
- selection of the most appropriate setting
- development of plans to support and train team members
- implementation of plans and ongoing evaluation and program refinement

Assessment for inclusion includes:

- a review of the child's current development, experiences and needs
- formal and informal interviews with the staff and family

Important considerations in selecting a community program are:

- staff commitment to inclusion
- staff and administration openness to new methods, teaming and inservice training
- compatible educational philosophies of the team members
- the stability and experience of the program
- the accessibility of the program for the family

The professional development plan:

- immediate and long-term goals for the teacher
- developed collaboratively
- priorities, concerns, essential skills and knowledge

Implementation: Staff may need...

- direct assistance
- information
- coaching
- team support
- additional resources

Evaluation:

- frequently monitor child progress
- program effectiveness
- timely feedback for staff

***Consultants play a crucial role in ensuring the success of environments where all children belong. Project Coach Outreach promotes people working together for the good of all children and one another.

Basics and Recommended Practices Carousel Activity

Head Start Services:

My primary concern about working as/having a consultant in a Head Start classroom is...

Child Care Services:

My primary concern about working as/having a consultant in a Child Care setting is...

Assessment, IEP/IFSP:

My greatest concern about assessment and implementation of IFSP objectives in an inclusive setting is...

LEA Special Services:

My primary concern about delivering services through a consultation model is...

Families:

My primary concern about families as team members is...

Curriculum and Instruction...

My greatest concern about curriculum and instruction in an inclusive setting is...

Environmental Adaptations...

My greatest concern about adapting an inclusive environment is. . .

Curriculum and Instruction

True or False

__ Developmentally Appropriate Practice (DAP) emphasizes the development of the child's cognitive skills.

__ Programs should provide for a wider range of developmental interests and abilities than the chronological age range of the group would suggest.

__ Individual children are directed to activities and materials that will promote specific curriculum goals.

__ Learning activities are concrete, real and relevant to the lives of the children.

__ Curriculum planning emphasizes learning as an interactive process.

Environmental Adaptations

__ Arranging the classroom in activity areas provides a framework that is understandable to young children.

__ The room should be arranged to discourage interaction among groups of children.

__ Materials stored at children's level and simply organized with labeled containers enhances the child's ability to function as able and independent.

NAEYC - Guidelines for Developmentally Appropriate Practice

I. Curriculum

A. Developmentally appropriate curriculum provides for all areas of a child's development: physical, emotional, social and cognitive through an integrated approach.
B. Appropriate curriculum planning is based on teacher's observations and recordings of each child's special interests and developmental progress.
C. Curriculum planning emphasizes learning as an interactive process. Teachers prepare the environment for children to learn through active exploration and interaction with adults, other children and materials.
D. Learning activities and materials should be concrete, real and relevant to the lives of young children.
E. Programs provide a wider range of developmental interests and abilities than the chronological age of the group would suggest. Adults are prepared to meet the needs of children who exhibit unusual interests and skills outside the normal developmental range.
F. Teachers provide a variety of activities and materials; teachers increase the difficulty, complexity and challenge of an activity as children are involved with it and develop understanding and skills.
G. Adults provide opportunities for children to choose from a variety of activities, materials and equipment; and time to explore through active involvement. Adults facilitate children's engagement with materials and activities to extend the child's learning by asking questions or making suggestions that stimulate a child's thinking.
H. Multi-cultural and nonsexist experiences, materials and equipment should be provided for children of all ages.
I Adults provide a balance of rest and active movement for children throughout the program day.

II. Adult - Child Interactions

A. Adults respond quickly and directly to children's needs, desires and messages and adapt their responses to the childrens' differing styles and abilities.
B. Adults provide many varied opportunities for children to communicate.
C. Adults facilitate a child's successful completion of tasks by providing support, focused attention, physical proximity and verbal encouragement. Adults recognize that children learn from trial and error and that childrens' misconceptions reflect their developing thoughts.
D. Teachers are alert of signs of undue stress in a child's behavior and are also aware of appropriate stress-reducing activities and techniques.
E. Adults facilitate the development of self-esteem by respecting, accepting and comforting children regardless of the child's behavior.
F. Adults facilitate the development of self control in children.

G. Adults are responsible for all children under their supervision at all times and plan for increasing independence as children acquire skills.

III. **Relations between home and program**

A. Parents have both the right and responsibility to share in decisions about their child's care and education. Parents should be encouraged to observe and participate. Teachers are responsible for establishing and maintaining frequent contact with families.

B. Teachers share child development knowledge, insights and resources as part of regular communication and conferences with family members.

C. Teachers, parents, agencies, programs and consultants who may have educational responsibility for the child at different times should, with family participation, share developmental information about children as they pass from one level to another.

IV. **Developmental evaluation of children**

A. Decisions that have a major impact on children such as enrollment, retention or placement are not made on the basis of a single developmental assessment or screening device but considered by other information, particularly observations by teachers and parents. Developmental assessment of a child's progress and achievement is used to adapt curriculum to match the developmental needs of the child, to communicate with the child's family and to evaluate the program's effectiveness.

B. Developmental assessments and observations are used to identify children who have special needs and/or who are at risk as well as to plan appropriate curriculum for them.

C. Developmental expectations based on standardized measures and norms should compare any child or group of children only to normative information that is not only age-matched but also gender, culture and socio-economically appropriate.

D. In public schools, there should be a developmentally appropriate placement for every child of legal entry age.

Adapted from Bredekamp, S. (1987). Developmentally appropriate practice in early childhood programs serving children from birth through age 8. Washington, DC: NAEYC.

Functional Goals

The literature increasingly supports integration of related services into the educational programs of students who need such services to benefit from special education. The transition from traditional isolated services to integrated, educationally-focused services has been difficult, however, not only for many related services providers, but for teachers and parents as well. The training of most service providers and the expectations of teachers and parents have often not prepared them for service delivery models and methods that promote a focus on educational outcomes of such services as occupational and physical therapy.

One means to facilitate integration of related services is by determining student-centered, functional goals and objectives, rather than the discipline-specific goals and objectives that are often part of students' IEPs. The examples below demonstrate two types of discipline-specific physical therapy goals/objectives, followed by integrated, educational goals that address similar fundamental motor outcomes.

Discipline-specific neurodevelopmental goals/objectives:

1. Tim will lift his hand 45 degrees when his name is called while positioned on a prone wedge 4 of 5 trials by June, 1993.

2. While sitting on a therapy ball, Jim will right himself when he is displaced laterally 20 degrees, 8 of 10 trials by June, 1993.

3. Katie will independently assume a standing position from all 4's by going through half-kneeling 4 of 5 trials by June, 1993.

Discipline-specific goals/objectives based on developmental motor tests:

1. Tim will hold his head/neck in midline for eight seconds while moving eyes or rotating head to follow toy with eyes by June, 1993.

2. Jim will lean forward to get toy without losing his balance or touching the floor on one of two trials by June, 1993.

3. Katie will maintain standing balance for 3 seconds, one of two trials by June, 1993.

Functional integrated goals/objectives:

1. Tim will indicate his preferences during lunch by looking at which of three food choices he would like to eat, 10 of 12 trials for 5 consecutive lunch times by June, 1993.

2. Jim will sit independently on his carpet square during opening circle and not

fall over while he uses his communication board to answer at least three questions, for 10 consecutive school days by June, 1993.

3. Katie will walk with her walker from the bus to the classroom in 10 minutes or less by June, 1993.

Sheldon, M., McEwen, I. (1992, November). Functional goals: A means to integrate related services in special education. TASH: The Association of persons with Severe Handicaps Annual Conference. San Francisco, CA.

Teaching in a Natural Context

Goal	Artificially Structured	Naturally Structured
Motor Imitation	Instruct child to do what you do; have child perform X number of trials of same behavior.	Train actions in context (e.g., help child wave as staff member or peers leave the child's view).
Verbal Labeling	Show 50 pictures and ask child "What's this?" for each one.	Hide objects in various places (in drawers, boxes) and encourage labeling as each is "discovered".
Object Placement	Have child put 10 pegs in a pegboard following the verbal directions "Put in".	Have child put 10 toy people in a toy bus, then take them for a ride.
Visual Tracking	Present 10 trials, with the trainer moving objects in the child's vision according to predetermined paths.	Select wind-up toys that offer appropriate speeds, paths, and distances.

Source: Musselwhite, C. (1986). *Adaptive play for special needs children: Strategies to enhance communication and learning.* Available from: PRO-ED, 8700 Shoal Creek Blvd., Austin, TX 78758-6897; Phone: 512-451-3246.

The Environment

The environment includes both physical and social aspects. It may include such factors as safety, nutrition, materials, the mood or attitude of the caregivers and staff, and the room arrangement.

A healthy environment in an early childhood setting helps children:

- establish trust and **cooperation** with others
- develop **independence** through making choices and taking responsibility for cleaning up
- **focus on** what they are doing and **stay involved** in their work
- **acquire skills** and concepts as they select and use materials

An inviting and appropriate classroom may include the following:

- **clearly defined activity areas** that accommodate small groups of children
- **well-established routines**
- attractive and logical **displays of materials**
- **picture labels** that show where materials belong
- **planning boards** to help children make clear choices
- **a protected place** for each child's belongings and work
- **duplicates of materials** and a sufficient number of choices
- **quiet areas** separated from **noisy areas**
- the **creativity** to continually adapt and change the environment

(These are just a few suggestions for the classroom environment to meet the needs of our active and developing children.

Dodge, D. & Colker, L. (1992). *The creative curriculum for early childhood.* Washington, DC: Teaching Strategies Inc.

General Considerations for Environmental Accomodation may include:

- settings that are not noticeably different
- common entry and circulation
- public display of accomplishments
- resource rooms for all children
- barrier-free accessible design

Bailey, D. & Wolery, M. (1984). Teaching infants and preschools with handicaps. Columbia, OH: Charles E. Merrill Publishing Co.

Never forget children with special needs are children first. Your efforts to include them in the classroom may require only minimal changes in your environment...but the impact you can have on their self-esteem is tremendous!!!

Easy Adaptations for Child Care Centers

- Keep boundaries between areas open enough so children with wheelchairs and walkers are not obstructed as they move around the area.
- Pad edges and backs of shelves and tables to prevent injuries from frequent bumps by children with visual or mobility impairments.
- Accent divisions between different areas by using different colored carpets or laying down tape boundaries.
- List many of the spaces where materials are stored with real objects (e.g., a Lego taped to the outside of the appropriate container) so they are easily understood.
- When you rearrange the classroom, explain the change to the children or let them help you with the arrangement.
- Move small objects if there are children who might swallow them.
- Introduce new materials to the children in a small group to familiarize them with the materials. Don't just put them out on the shelf.
- Provide materials the children can manipulate over and over again, rearranging in a variety of ways (e.g., large nuts and bolts, plastic plumbing pipe, large blocks with city accessories).
- Observe all of the children to determine what materials are appropriate and interesting to them.

Tompkins, M. (1991). *Supporting active learning.* In N. A. Brickman & L. S. Taylor (Eds.), *Supporting young learners: Ideas for preschool and day care providers.* (pp. 53-63). Ypsilanti, Michigan: High/Scope Press.

Head Start
"Test Your Knowledge"

Q. Can Head Start serve over-income children with disabilities?

A.

Q. Does Head Start have to provide health and developmental screening to all enrolled children within 90 days after the start of their program?

A.

Q. Must Head Start refer children with suspected special needs to their LEA for evaluation?

A.

Q. One of Head Start's new eligibility criteria classification is "other impairments." What does this category mean?

A.

Q. What role should Head Start play when their LEA develops an IEP on a child in their program?

A.

Q. What types of service delivery options can be used by the LEA at the Head Start site to provide special education and related services for Head Start children with diagnosed special needs?

A.

Project Head Start

- **LAUNCHED IN 1965** to provide early intervention services for three to five year old children from low income families
- **FOSTERS EDUCATIONAL GROWTH**, ensures the maintenance of basic health care, promotes parental involvement with their child's development and offers social service assistance to children and families in need
- **INDIVIDUALLY TAILORED PROGRAMS** designed to meet the needs of the community it serves
- **STAFF OF TEACHERS, VOLUNTEERS AND PARENTS** is drawn from the community it serves
- **STRONG COMMUNITY LINK** facilitates the delivery of social services and helps maintain community investment in their children's success
- **COMMITTED TO HELPING EACH CHILD ENROLLED** reach his or her fullest potential
- **DEDICATED TO BUILDING** the academic and social skills as well as self-esteem of every child enrolled
- **FAMILIES ARE INVITED** to visit the classroom during the day and to attend a variety of after school programs with their children at the centers
- **HOME-BASED SERVICES AND/OR SUMMER PROGRAMS** may be offered in some counties in addition to the school year classroom services if funding is available
- **STAFF SERVES AS MODELS** of appropriate behavior
- **PHYSICAL PUNISHMENT IS NOT PERMITTED** under any circumstances by any staff member of the Head Start team

A Typical Day in the Life of Head Start

7:45-8:00	Teachers arrive and set up for the day
8:00-9:00	Children arrive, eat breakfast, brush teeth and have classroom free-play
9:00-9:20	Teacher directed large and small groups on month's theme (i.e. Community helpers)
9:20-10:15	Learning/interest centers
10:15-10:45	Outdoor play
10:45-11:00	Quiet activity (music or story)
11:00-11:40	Wash up, lunch
11:40-12:00	Story time
12:00-1:30	Rest time
1:30-1:45	Snack
1:45-2:15	Review day's events; quiet activity; prepare to go home

Head Start Staff Directory

Agency Name:

Executive Director:

Head Start Director:

Education Director:

Special Services (Disability) Director:

Disability Coordinators/Assistants:

Social Services Director:

Parent Involvement:

Health/Nutrition Services Director:

Center Directors:

Classroom Teacher:

Teacher Assistants:

Head Start Contract Personnel (SLP, PT, OT, ETC.):

This work sheet may be used by the consultant to collect information he or she may need about a Head Start Program.

Community-Based Child Care and Preschool Programs

True or False

__ Standards set by the state are minimum standards which must be met, not goals for Child Care providers to reach.

__ The minimum ratio of caregiver staff to children age four is 1:12.

__ All directors, caregivers and assistants are required to complete a specific number of hours of inservice training per year in order to maintain the center's license.

__ The identified staff person responsible for planning and coordinating activities for a child with special needs shall have training at the college or university level.

__ Total separation of the child from normal association with activities may be used as a punishment measure.

Community-Based Child Care and Preschool Programs

VARY in size, length of program day, age range of children, staff certification criteria and location

PROGRAMS may be full-time or part-time, public or private, profit or non-profit

PROGRAMS should implement developmentally appropriate practices

PROGRAMS should be committed to providing quality Child Care for all children

IF THIS COMMITMENT IS IN PLACE, the staff can then participate in the coaching process by following the consultation model

TO BE FULLY INFORMED of a program's capability, you should be alert to specific questions of special interest:

- What are the staffing ratios? (These may vary from state to state).
- What are the qualifications of the director? (Here, you should consider appropriate educational training and experience as well as the qualifications of other administrative staff who are in charge when the director is absent from the grounds).
- What are specific signs of illness the program uses? (State guidelines adopted by the health department specify signs which include a temperature of 102 degrees or greater, diarrhea or jaundice).
- What is the discipline policy of the program? (The policy may not include corporal punishment or lengthy isolation).
- What is the record keeping policy of the program? (Records must be maintained on each child and staff member including address, phone number and medical history
- What are the parental visitation rights? (Parents should be allowed to visit the facility unannounced at any time).
- What are the nutrition guidelines of the program? (The center must provide nutritionally sound meals and snacks).
- What is the Child Care philosophy adopted by the program? (It should include the enhancement of the emotional, intellectual, physical and social growth of young children while ensuring their health and safety).

Child Care Center/Preschool
Program Directory

Name of Center/Address/Phone:

Administrator:

Number of Classes and Composition:

Philosophy of Center:

Rules:

Schedule:

Curriculum Used:

These considerations can serve as a framework for evaluating the services provided by Child Care centers and as a personal guideline for conduct and behavior in these settings.

Assessment, IEP/IFSP

Q. May public schools develop IFSPs for serving 3-5 year old children with special needs?

A.

Q. Who should be involved in the IEP committee meeting for a child who is receiving special services in a community-based setting?

A.

Q. How often should the IEPs of 3-5 year old children with special needs be revised?

A.

Q. How should you determine the evaluation criteria for goals and objectives on the IEP of a 3-5 year old child?

A.

Q. Who is responsible for ensuring that children in community-based placements receive all services that are specified on the IEP/IFSP?

A.

Q. Who may administer a developmental assessment instrument?

A.

DEC Recommended Practices
Assessment

Reproduced from:
DEC Recommended Practices:
Indicators of Quality in Programs for Infants and Young
Children with Special Needs and Their Families

Assessment in early intervention refers to a systematic collection of information about children, families, and environments to assist in making decisions regarding identification, screening, eligibility, program planning, monitoring, and evaluation.

Preassessment Activities

A-1. Professionals contact families and share information about the assessment process.

A-2. Professionals solicit and review existing information from families and agencies.

A-3. Professionals and families identify the questions and concerns that will drive the choice of assessment materials and procedures.

A-4. Professionals and families identify pertinent agencies, team members, and team approaches to be employed (e.g., inter-, multi-, transdisciplinary approach).

A-5. Professionals and families identify a mode of teaming that fits individual children's needs and families' desires to collaborate.

Procedures for Determining Eligibility,, Program Placement, Program Panning and Monitoring

A-6. Professionals gather information about multiple sources (e.g., families, other professionals, paraprofessionals, and previous service providers) and use multiple measures (e.g., norm-referenced, interviews, etc).

A-7. Professionals gather information on multiple occasions.

A-8. Team members discuss qualitative and quantitative information and negotiate consensus in a collaborative decision-making process.

A-9. Team members select assessment instruments and procedures that have been field-tested with children similar to those assessed for the purposes intended.

A-10. Assessment approaches and instruments are culturally appropriate and nonbiased.

A-11. Professionals employ individualized, developmentally compatible assessment procedures and materials that capitalize on children's interests, interactions, and communication styles.

A-12. Materials and procedures, or their adaptations, accommodate the child's sensory and response capacities.

A-13. Professionals assess strengths as well as problems across developmental or functional areas.

A-14. Measures and procedures facilitate eduction and treatment (i.e., intervention or curriculum objectives) rather than only diagnosis and classification.

A-15. Measures are sensitive to child and family change.

A-16. Professionals assess not only skill acquisition, but also fluency, generalization, and quality of progress.

A-17. Professionals maintain confidentiality and discretion when sharing information.

A-18. Curriculum-based assessment procedures are the foundation or "mutual language" for team assessment.

Assessment Reports

A-19. Professionals report assessment results in a manner that is immediately useful for planning program goals and objectives.

A-20. Professionals report assessment results sot hat they are understandable to and useful for families.

A-21. Professional report strengths as well as priorities for promoting optimal development.

A-22. Professionals report limitations of assessments (e.g., questions of rapport, cultural bias, and sensory/response requirements).

A-23. Reports contain findings and interpretations regarding the interrelatedness of developmental areas (e.g., how the child's limitations have affected development; how the child has learned to compensate).

A-24. Professionals organize reports by developmental/functional domains or concerns rather than by assessment device.

DEC Recommended Practices
IFSPs/IEPs

Best practice indicators are based on the assumption that parents or legal guardians have the ultimate responsibility for decisions regarding the IFSP/IDP process.

I-1. The IFSP/IEP process is ongoing, dynamic, and individualized.

I-2. As an initial step, the person(s) responsible for the development of the IFSP/IEP clearly describe to families the IFSP/IEP process, the rights that families have during the process, and the role of the service coordinator in the process.

I-3. A supportive and mutually respectful relationship with families occurs from the time of initial contact with families.

I-4. Each family has the opportunity to select from among the pool of available service coordinators the person whose skills and resources most closely match the needs and preferences of the family.

I-5. Families have the option to have a family member serve as the service coordinator or co-service coordinator and to receive adequate pay for that work.

I-6. In initial IFSP/IEPs when families are not familiar with any of the people who are available to serve as service coordinator, they may ask professional team members to recommend the service coordinator.

I-7. Families may request a change in the service coordinator at any time and have that request honored if resources allow.

I-8. State and local agencies provide competency-based training to ensure that the service coordinator appropriately fulfills roles.

I-9. A system for training service coordinators also includes training family members if they want to participate.

I-10. Training in service coordination includes methods to help family members identify informal supports.

I-11. The person responsible for coordinating the development of the IFSP/IEP determines with the family the persons to be included on the IFSP/IEP team and, with family authorization, ensures participation of all relevant team members.

I-12. Families may select as other team members persons who provide emotional support and practical assistance to the family, including service providers, friends, and families of other children with disabilities.

I-13. With the consent of the family, the team amy also include representatives of agencies and community programs that have previously served, or are likely to serve, the child or family.

I-14. Families may choose: a family-directed process in which they have a leadership role; a collaborative process in which the family shares equal decision-making responsibility with other team members; or a process that delegates decision-making to other members of the team.

I-15. Each family will have the opportunity to select or change the nature of their role in decision-making for each issues in question.

I-16. Families receive individualized support and information so that they can participate in the process in the ways they have chosen. Other team members adjust their roles in response to family preferences.

I-17. Families are invited to participate in any team discussion of their child or family.

I-18. Families receive complete copies of all reports concerning them and their children, and team members offer assistance, when appropriate, in interpreting those reports.

I-19. Families decide what information they wish to share with the team.

I-20. Team members base decisions pertaining to updating and revising IFSP/IEP's on family preferences, assessment results, and newly-emerging child information.

I-21. All communications, actions, and written statements of team members reflect their respect for one another.

I-22. All team members are honest with each other.

I-23. All team members recognize the critical role of emotional support and provide this support to other team members.

I-24. The IFSP/IEP meetings and documents contain jargon-free communication and include explanation of technical information when necessary.

I-25. The IFSP/IEP document includes only and all the information the family wants included.

I-26. Professional members of the team are knowledgeable about laws, policies, and recommended practice for the development, implementation, and monitoring of IFSP/IEP's.

I-27. Families are given the opportunity to receive information about current recommended practices related to the IFSP/IEP's.

I-28. Professional members of the team actively advocate for the full rights of the child and family.

I-29. Team members keep policy makers informed of gaps in community services.

I-30. Agencies allow sufficient time for their team members to work in ways that are consistent with recommended practice.

I-31. Team members should ensure that meeting times and locations are convenient for, and accessible to, the family members of the team.

I-32. Team members individualize criteria for assessing progress toward outcomes.

I-33. Family-initiated outcomes, goals, and objectives are given priority in the development of the IFSP/IEP.

I-34. Persons responsible for coordinating the development of the IFSP discuss with families all options for the range of service settings and assist families in considering the advantages and disadvantages of each.

I-35. Families choose the setting for each service that is consistent with their preferences.

State and Local Monitoring

I-36. State and local monitoring teams determine the degree to which outcomes for children and families have been achieved.

I-37. State and local monitoring teams determine the degree to which families are satisfied with the IFSP/IEP process and document.

I-38. State and local teams obtain information from families whose children are in early intervention programs, from professionals providing those services, and from professionals providing other services to these families and their children as a part of the monitoring process.

I-39. State and local monitoring teams are made up of equal numbers of family members and professionals.

I-40. Monitoring practices protect family confidentiality.

I-41. State and local monitoring teams clearly document and report service gaps and scarce resources.

LEA Special Services

Q. What are the rulings that a 3-5 year old child with special needs can receive to be eligible for special services from an LEA in this state?

A.

Q. What is the minimum amount of time that a 3 or 4 year old child with special needs must spend in an educational program?

A.

Q. Are community-based services an option for providing services to 5 year old children with special needs?

A.

Q. Can an LEA provide services to 0-2 year old children with special needs with preschool federal grant funds?

A.

Q. Is parent training and education considered a part of "service delivery" for the special education teacher who is serving a 3-5 year old child with disabilities?

A.

Families

True or False

__ Meetings occur at times and locations that allow family members to participate.

__ Parent information concerning their young child's development usually overstates the child's capabilities.

__ Family members help develop and select evaluation tools.

__ Family concerns, priorities and preferred resources have equal weight in the determination of the instructional setting.

Common barriers to open communication with service providers for families are:

__ threat of repercussions

__ anger

__ powerlessness

__ lack of knowledge

Eight points staff should know in order to work effectively with parents of children with disabilities

1. Recognize where parents are in their acceptance or rejection of their child's special needs. Learn how to accept parents where they are and develop the skills necessary to work with them from that point.

2. Know techniques to effectively relay information to parents without excessive use of jargon -keep communication lines open.

3. Recognize the importance of community services and how they can assist parents in finding programs that best fit their needs.

4. Along with your recommendations, help parents come up with solutions.

5. Be aware of the problems, demands, and responsibilities experienced by parents of children with developmental delays. Be familiar with ways to assist parents in dealing with conflicts and be aware of any actions on your part which might produce further conflict.

6. Realize that professionals will not always have all the answers. Don't be afraid to say "I don't know". Always be honest with parents.

7. Understand the importance of developing a caring relationship with parents, while maintaining professional objectivity. Be realistic in an understanding way.

8. Help parents feel that they are a vital part of their child's educational program - they are! Remember you are on the parent's team - not the other way around. Be receptive to what parents tell you - their opinions and impressions are important and useful!

Original source unknown

Ineffective Teams

Effective Teams

Team Member Profile

Team:	
My name:	My discipline:
Other members of my team:	
Description of my traditional role:	
Description of my expected role:	
Areas I am interested in related to role expansion:	
My experience with teaming:	
My concerns about teaming:	

Team Profile

*** List your team members and their unique skills. Then describe your mission for your team in the future.

TEAM MEMBERS	DISCIPLINE	AGENCY

Unique skills of team and its members:

Team Members:	Unique Skills
ex. Mary Jones	ex. assessment, sensory integration, autism methods

Description of future roles for team and members:

Team:

Individual Members:

Setting Ground Rules and Goals

TIME	TASK
2 minutes	Agree on roles during meeting (encourager of participation, timekeeper, recorder)
3 minutes	Brainstorm potential ground rules for the team to follow during meetings
5 minutes	Agree on ground rules for your team
3 minutes	Brainstorm goals for meetings
5 minutes	Agree on group goals
3 minutes	Think about or individually list your individual goals as a team member
10 minutes	Share individual goals
5 minutes	Process group's effectiveness - roles, task, relationship

Source: Collaborative Teaming for Inclusion-Oriented Schools: A Resource Manual, 1992.

Work Sheet

TEAM GROUND RULES: (Do's and don'ts for team. Rules for member behavior, e.g., take turns speaking? jump in? follow an agenda? withhold evaluation of ideas until a certain point?)

TEAM GOALS: (Why are we meeting? What is our focus? What do we want to accomplish)?

MY INDIVIDUAL GOALS: (What do I want to accomplish? How can I grow from this experience)?

Source: Collaborative Teaming for Inclusion-Oriented Schools: A Resource Manual, 1992.

The Team Mission

Begin by generating a list of beliefs about the team and its purpose. Each member contributes to the list through consensus building. The focus is on beliefs about inclusion, the team (why it should exist and what purpose it should serve), the specific population served by the team, and how members can contribute to the team effort.

Beliefs and Purpose

Our Team Mission Statement:

Day Two
Participants' Notebook

DAY 2

Shared Opportunities: Supporting Inclusion Through Consultation Services

AGENDA

8:30 **Decision Making**

- The Cash Register
- Preconditions for Decision Making
- Problem Solving Process
  - Step 1: Embedded Solutions
  - Step 2: Brainstorming with group

10:00 **Break**

10:15
  - Step 3: Action Planning with group
  - Step 4: Scheduling

10:30 **Team Communication**
- My Rights
- Active listening exercises
- My Rights Revisited

12:00 **Lunch**

1:00 **Summary of Morning**
The difficult situation: Conflict resolution
- Heart to Heart Video

1:30 **Team Meeting Essentials**
- Consensus Activity

2:30 **Break**

2:45 **Ecological Assessment Practices for Inclusion Teams: An Overview**
- Introduction and overview of the basics
- The inclusive environment (ECERS video)
- The family and staff
  - Interviewing
  - Role play
  - Critical competencies

3:30 **Accessing Information Using Effective Communication**
- Brainstorm where to find/review child information

4:00 **Bringing it Home**
- Action Plan
- Paper Tearing
- Shopping Basket (Shared Opportunities)

5:00 **Adjourn**

Team Decision Making Preconditions

- Meet in a neutral setting
- Avoid deadlines if possible
- Keep groups around 5-7 people
- All members should communicate with each other, not just the leader. It is everyone's responsibility to hear and be heard.
- Leader controls interaction "process" not "content."
- Information is shared by all parties, and confidentiality, if necessary is assured.
- Resolve individual conflicts, resentment, defensiveness, etc. before the decision making process begins, preferably before the group convenes as a whole.
- Establish a goal of arriving at the best collective decision and avoid arguing for a personal position.

Source: *Institute for the Study of Developmental Disabilities*, 1992.

Step 1: Problem Definition

Begin with a general overview of the problem and changes desired.

Define the problem using the following ground rules:

1. Accept all attitudes.
2. Ask questions to clarify.
3. Find out what has been tried using open-ended questions.
4. Conduct problem analysis.
5. Separate problem definition from solution search/evaluation.
6. Avoid stating goals in the form of individual priorities.
7. Depersonalize the problem.

Suggestions:

- ____
- ____
- ____
- ____

Problem Solving Exercises

Instructions: Try to discover the solutions that are embedded in these problem statements and identify the "real" problem. All children are preschoolers with general developmental delays.

1. "I am having problems keeping Jessie's attention, because we have no opportunity for him to rest during the day; consequently, the last three hours of the day are a waste."

   Embedded problem/solution:

   Core problem:

2. "You know Christy's family lets her do as she pleases; therefore, we cannot seem to make much progress with her in relation to personal independence and responsibility."

   Embedded problem/solution:

   Core problem:

3. "Carey needs a great deal of individual attention and supervision; however, we simply do not have enough staff within our room to keep up with her."

   Embedded problem/solution:

   Core problem:

Rules For Brainstorming

Do not evaluate!

No one should say:

- No
- That will never work
- That is a dumb idea
- That has already been tried
- That's a terrific idea
- Yes, but...

Do not clarify or seek clarification.

Go for zany ideas.

Expand on one another's ideas.

List every idea.

Avoid attaching names to ideas or listing each person's contributions separately.

Source: (CEC, 1991).

Step 2: Generating and Evaluating Solutions

- Brainstorm solutions in terms of actions to take.

- Discuss advantages and disadvantages when finished brainstorming.

- Use techniques to review and adjust perceptions and attitudes. Attitudes/feelings "screen" and may distort information.
  1. Reality test the solutions.

  2. Use open-ended questions.
     Examples:

  3. Perceptions are linked to assessment of possible solutions. Change "subjective" assumptions to "objective" judgments through evidence. Example:

- Discuss how the different ideas are common or interrelated and/or might be combined to create a better solution.

Step 3: Decide on an Action Plan and Evaluation

- Discuss and decide upon an agreed plan of action
    1. Identify any remaining obstacles
    2. "How will we know if this is working?"

- Organize the action plan
    1. Decide: "Who. When. What." Write it down.
    2. Agree to a follow-up meeting.
    3. If it is a serious problem that requires firm commitment, ask everyone present to sign the plan.

Step 4: Set the next meeting. Recycle.

Sources: (Filley, 1975; Weeks, 1992; Wolfgang & Glickman, 1986).

Team Meeting Action Plan

Date____________________

Location__________________________________

Participants:

Topics Discussed:

Action Plan

What	Who	Date

Problem Solving Steps

STEP 1
Define the Problem

STEP 2
Generate and evaluate solutions:
Problem analysis

STEP 3
Decide on a plan for
implementation and evaluation

STEP 4
Set next meeting and
recycle as needed

My Rights: a Role Play

Instructions: In pairs, the players should play the following roles...Remember to be creative!

PLAYER 1: A smoker who believes he or she has the right to smoke in public places. . .

PLAYER 2: A non-smoker who believes he or she has the right to be in a public place without being exposed to smoke. . .

Components of Active Listening

- Acknowledging

- Paraphrasing the speaker's statements.

- Reflecting the underlying messages.

- Clarifying what was said.

- Elaborating or expanding what was said.

- Summarizing.

Pitfalls for Listeners

1. Preoccupation
2. Listener more interested in talking than listening
3. Anticipation of speaker's intent
4. Evaluation and judgement of speaker
5. Inadequate understanding of the situation
6. Distrust
7. Language barrier (dialect, jargon, different connotations)

Source: (West, Idol & Cannon, 1989)

Finding Common Ground

1. Use familiar language or frames of reference.

2. Define overarching or transcending goals.

3. Use reminders of mutual success or progress.

4. Deemphasize any differences between parties.

5. Emphasize common association with one another.

6. Openly acknowledge any and all help received.

7. Disassociate from past unpleasant circumstances.

TEAM MEETING AGENDA FORM

Date: Time: Place:	Members Present:
Leader:	AGENDA ITEMS:
Recorder:	
Timekeeper:	
Others:	
Next Meeting Date:	Time: Place:
Tentative Agenda for next meeting:	

SUMMARY OF TODAY'S MEETING

AGENDA

February 28. 8:00 - 9:15
Meeting Room A

I. New Concerns
   A. Transition Plans
   B. Training event on March 11

II. Update from last meeting
   A. Report on John's physical
   B. Reschedule for Smith family

III. Progress reports/needs for assistance
   A. James
   B. Amanda

IV. Additional Concerns

V. Next Meeting

CONSENSUS ACTIVITY WORKSHEET

INTRODUCTION: There is a classroom located at the local Head Start facility that has 18 children who are 3 and four years of age; 2 of the 18 children have disabilities. A 4 year old child who has behavioral problems has become increasingly disruptive in the classroom. The child has been hitting other children, throwing objects and tantrumming. The staff in the classroom feel that they have done everything they can do to manage the behavior.

The preschool team has come together to discuss options for what to do about this situation.

INSTRUCTIONS: First review the following options and rank them in order of your choice (from 1 to 5). Then work as the preschool team to achieve consensus on the group's rank order.

___ Provide an assistant to work with the child throughout the day within a separate area of the classroom.

___ Recommend family/parent therapy to provide counseling and guidance, re: the child's behavior.

___ Contract with a highly respected consultant from the local university to develop a behavioral plan for the child. The earliest date the consultant would be available is 4 months from now.

___ Remove the child from the classroom and place the child in a classroom for children with behavioral disorders.

___ Remove the child from the classroom temporarily and have the child attend a 30-day residential program. The staff at the residential program will develop a behavioral plan for the child to be carried out back in the classroom.

Adapted from materials from Child Development Resources, Lightfoot, Virginia.

INCLUSION ASSESSMENT BASICS

1. Ensure that the assessment is a collaborative support process. Avoid creating the view that the consultant is an outside "expert" evaluating the performance of an individual and dictating changes.

2. Assess the unique situation created, e.g. the child, the peer group, the family, the staff, the physical setting and available resources. The purpose is always to develop appropriate strategies that will support inclusion.

3. Describe the unique dynamics of the situation, define the parameters and determine the design of the consultation plan.

4. Complete the general, broad assessment of the match between a potential inclusive setting and the child's needs as early as possible. This must occur before a consultant-consultee relationship begins. Continued evaluation of the quality of the program is usually considered to be in the domain of a staff supervisor or other administrator rather than a consultant.

5. Look for Critical Competencies among key staff. (see Appendix)

6. Include and consider all data in the planning of consultation and team activities.

CHILD CARE CHECKLIST

What is a high quality early childhood program?

- A high quality early childhood program provides a safe and nurturing environment while promoting the physical, social, emotional and intellectual development of young children.

In accredited programs, you will see:

- Frequent, positive, warm interactions among adults and children
- Planned learning activities appropriate to children's age and development, such as block building, painting, reading stories, dress-up and active, outdoor play
- Specially trained teachers
- Enough adults to respond to individual children
- Many varied age-appropriate materials
- A healthy and safe environment for children
- Nutritious meals and/or snacks
- Regular communication with parents who are welcome visitors at all times
- Effective administration
- Ongoing, systematic evaluation
- To obtain a list of accredited programs, contact

National Academy of Early Childhood Programs
1834 Connecticut Avenue, N.W.
Washington, DC 20009
202-232-8777 or 800-424-2460 or 202-328-2601

TIPS FOR INTERVIEWING

- Make an appointment. Explain the purpose.
- Be prompt.
- Gather as much pertinent information as possible prior to the interview. Do not waste interview time.
- Ask one simple thing at a time.
- Build and maintain rapport. Use active listening.
- Be aware of how you bias the interview with your own responses.
- Use question sequences that produce the most helpful attitude.
- Do not "lead the witness" if you want spontaneity.
- Remember that open-ended questions encourage additional ideas, e.g. "Could you tell me more about. . ." Closed questions focus specifically on parts of the issue and may yield less information.
- Learn to be comfortable with silence to facilitate, but not control the process.

THE FOUR AND TEN QUESTIONS INTERVIEW

1. What are your main concerns about serving (name)?
2. What would you like help with first? Second?
3. What related services would you like for (name)?
4. What additional information do you think you need now?

• • • • • •

1. What are your main concerns about serving (name)?
2. What skills has he/she recently acquired?
3. What skills is he/she working on now?
4. What are the next skills that you would like to see him/her master?
5. Where would you like (name) to be at the end of the year?
7. Do you have any special concerns or precautions for this child?
8. Are there characteristics of the class/program that you think this child needs? For example, structure, management approach, emphasis?
9. What related services would you like for him/her?
10. Are there any other important concerns/issues we have not discussed?

HEAD START CASE STUDY

Ben will be placed in a regular four year old program in the fall. He has been attending an early intervention program three mornings a week for the last year. This information was excerpted from his files and from the Learning Accomplishment Profile which was completed by his teacher at the early intervention program. He was 4-6 at the time the LAP was administered.

Health History

Ben has a history of brain trauma which was followed by a ventriculoperitoneal (V-P) shunt placement when he was an infant. He has developed seizures over the last six months and is currently being treated with medication. He is hypotonic and does not walk independently, although he does cruise along furniture and walk with the aid of a wheeled walker. For the most part, he uses a wheelchair.

Cognitive Skills

Ben's cognitive skills fall at approximately the 36-month old level. He can match "like" objects, count by rote to 15, build a block tower in imitation and sort by color. He does not, however, name colors. He also has not developed size and shape concepts. Ben has a short attention span and needs adult assistance in maintaining concentration on tasks.

Fine Motor Skills

Ben's fine motor skills are close to the 24-month old level. He attempts all activities and uses art materials with assistance. He plays with small toys appropriately although his handling of them is somewhat awkward. Ben particularly enjoys Play-Doh and kitchen play. He often requires adult assistance to complete tasks and avoid frustration.

Adaptive Skills

Ben requires assistance in all adaptive areas. He is cooperative with toilet training skills; however, there has been little success in this area. Adults must monitor chewing during snack time and lunch because Ben needs reminders to chew slowly. Ben is showing an interest in dressing himself, but still requires a lot of help. He makes an effort to remove his coat requiring some assistance from an adult. Overall, Ben's adaptive skills are within the range of 20-30 months of age.

Social Skills

Ben approaches both peers and adults and is eager to talk and play with them. Although his skills in interacting with peers are adequate, having an adult present to facilitate more meaningful exchanges is also beneficial.

Speech-Language Skills

Ben's articulation of single words is age-appropriate. He speaks in simple sentences and makes his wants known through phrases and gestures. Expressive language is often expressed by "cocktail party" speech. At times, it is difficult for Ben to name familiar objects or to state their functions; however, this appears to vary with his neurological status (i.e. seizure activity). Ben can follow simple, one-step directions, responds to yes-no questions appropriately and can answer some "what," "who," and "where" questions. His speech-language skills are scattered between 24 and 40 months.

ASSESSMENT PLAN OUTLINE

Information	Resource	Method
Health History		
Physical Report		
Developmental History		
Developmental Evaluation		

Team Meeting Action Plan

Date____________________

Location__________________________________

Participants:

Topics Discussed:

Action Plan

What	Who	Date

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Day Three
Instructor's Guide

The Institute for Disability Studies

The University of Southern Mississippi
Project Coach Outreach

•PROJECT COACH•

Building Opportunities!

Trainer's Manual

Workshop Objectives

Day Three

At the conclusion of this workshop participants will be able to

- identify the phases of adult life and professional growth
- develop strategies based on the level of professional development of team members
- demonstrate the use of the coaching model
- develop a consultation plan

AGENDA
BUILDING OPPORTUNITIES
(INSERT DATE HERE)

8:30 **The Foundation for Supporting Inclusion**
- Overview of "Shared Opportunities"
- What makes inclusion work?
- Competencies for inclusion
- The Consulting Relationship: Age, Stage, and Style

10:00 **Break**

10:15 **The Frame**
- Stages of Professional Development
- Assessing Stages and Formulating Strategies

The Skilled Labor
- Portraits
- Coaching

12:00 **Lunch**

1:00
- Coaching Demonstration/ Practice & Feedback
- Modeling
- Co-teaching

2:45 **Break**

3:00 **The Team as Architects & Builders**
- Goal Setting and Prioritizing
- Developing a Consultation Plan

4:30 **Taking it Home**

5:00 **Adjourn**

DAY 3

8:30 a.m.

The Foundation for Supporting Inclusion

Instruction This third day of the workshop series is intended to be presented after initial implementation of services in the inclusive community setting so that consultants will be familiar with the challenges and needs they must address. "Building Opportunities" is a one day training to clarify for consultants how to successfully plan for and implement their role.

Consultants should bring to the workshop a case study with which to develop a consultation plan. The case study should include assessment information on the child, family, environment and teacher as was discussed in Day Two of Shared Opportunities.

The introduction time of this workshop may be used to review what was covered in Days one and two of "Shared Opportunities" or to list and discuss issues which have arisen. The group should be introduced to the objectives of this final session.

Dialogue

As discussed in the Shared Opportunities workshop, successful inclusion requires a great deal of planning and collaboration. The family and providers need to understand the importance of the environment, as well as how the characteristics and dynamics of that environment influence how services are designed and delivered. Assessment for inclusion entails identifying resources, barriers, and solutions on a case by case basis. In order to plan well the team must have a thorough understanding of the setting, the child's needs, the staff's needs, and be able to match appropriate support with those needs. Therefore the team must adequately and comprehensively conduct assessments, strive to avoid or prevent barriers, maintain open, frequent lines of communication, and develop and maintain an appropriate inclusion plan. The plan should be directly tied to needs and priorities and provide an appropriate level of follow-through support and monitoring of child progress.

Instruction Review Critical Competencies from Day Two. An outline version of the Critical Competencies is on page #B1 of the participants notebook. Ask participants to reflect on what they consider the key competencies for their current jobs as well as where they are in meeting them at this point. Have participants complete the questionnaire on page #B2 in their notebooks. Quickly review and refer to Critical Competencies for Consultants found in the appendix.

Dialogue

Within this model of transdisciplinary teamwork, there are those members who come in and out of the classroom setting to lend support to the staff who are responsible every day for the child. Because of the itinerant, supporting nature of the role of the special educator or therapists on the team, we have labeled them as consultants and the teacher or caregiver, the consultees. Both have specific expertise and authorities. There are many different roles that a consultant may play. The roles that are chosen are determined by the needs, preferences and competencies of the individuals, and the goals to be accomplished for the child. This morning we will be discussing some ways to determine appropriate and effective roles, and we will explore the activities included in those roles.

9:15 a.m.

The Consulting Relationship: Age, Stage and Style

Dialogue

Social scientists have always been keenly interested in individual differences, how we respond, how we learn, preferences, and so forth. Over the years, many theories have emerged about adult personality and development. Of importance in our discussion is a basic understanding of some personality characteristics that may influence teamwork. Of particular note are findings that as adults learn new skills they go through a developmental sequence that influences their practices. Think of your early concerns as a professional and think of what you've learned. How different is the information you need now from what you needed then? Would someone share an example? Sometimes learning moves very rapidly and sometimes very slowly. Some stages are more difficult and frustrating than others, and can result in burn-out if they last too long. Page #B3 of your notebooks lists several uses for the information gathered through assessment of adult characteristics and professional developmental stages.

Overhead #B1 . . . . **The Importance of Stages**

- Establishing a starting point for consultation (adults are interested in immediate application of knowledge vs. future application)
- Establishing rapport
- Assisting in plans for growth
- Anticipating needs
- Keeping the assistance relevant and supportive

Changes may trigger recycling through stages of professional growth, especially when change involves an entire set of new behaviors with a variety of components. Most educational changes fit this description, certainly inclusion as a new practice does. Changes may include new roles in and out of the classroom, new ways of using and constructing the curriculum, and new dynamics among the children and the staff. In short, there is not just one thing to learn. For example, think of how easily most of us successfully changed from a rotary dial phone to a push button phone. Changing, however, from your phone to the Internet requires enough new skills to challenge many of us!

Change in an organizational system always comes down to a personal response from individuals. This is why it is so important to carefully identify the training or technical assistance needs of the individuals implementing inclusion, and remember, "change is a process, not an event" (Hord, Rutherford, Huling-Austin & Hall,1987). Two elements that Wadlington (1995) and Knowles (1980) cite as considerations for adult education planning include: current development in personal/social roles and temperament. The next activities will help you explore your own phase and temperament.

Instruction Ask participants to identify their current life phase using the sets of descriptors on notebook page #B4. After they have finished use Overhead #B2 to discuss the tasks of each age and the typical accompanying concerns and attitudes during these phases. Discuss how this influences motivation to learn and develop professionally.

Overhead #B2 . . . . Phases and Ages

1. Leaving Home : 18-22
2. Moving into Adult World: 23-28
3. Search for Stability: 29-34
4. Becoming One's Own Person: 37-42
5. Settling Down: 45-55
6. The Mellowing: 57-64
7. Life Review: 65+

Notebook page #B4 . . . . Life-Cycle Phases

1. Left home
    - established new living arrangements
    - entered college
    - started first full time job
    - selected a mate

2. Married
    - established a home
    - became a parent
    - got hired/fired/quit job
    - joined community activities

3. Established children in school
    - progressed in career or considered a change
    - possible separation, divorce or remarriage
    - possible return to school
    - set long term goals

4. Received a crucial promotion
    - broke with mentor or dependent ties with boss
    - responsibility for three generations: children, self, aging parents

  - empty nest concerns
  - if tendency to be dependent, become more assertive; if aggressive, more nurturing

5. Capped career
  - became a mentor
  - launched children: became a grandparent
  - developed new physical limitations
  - more active participation in community

6. Possible loss of mate
  - increased health problems
  - preparation for retirement in next few years

7. Retirement
  - marked physical decline
  - death of friends/spouse
  - major shift in daily routine
  - change in finances

Cross, K. P. (1981). *Adults as learners.* San Francisco: Jossey-Bass.

Dialogue

The purpose of this exercise is to remind you of where you've been or where you're going, and to emphasis that development does continue in adulthood. The first phase listed involves establishing one's identity and independence, and usually a new set of friends. The second, involves getting started on those great ambitions, finding a guide or mentor to help, and developing a sense of being a legitimate adult. As we mature, we become more reflective, constantly reappraising. Success, being good at whatever we do, is a big concern in our thirties. What we consider important and what motivates us changes with age and experience. The work of parenting and sharing our identity with growing children can be frustrating and satisfying. As we reach our forties and fifties, we re-evaluate, trying to make sure our priorities are right so that we're not wasting important years. We are more confident about who we are and we know what we like. The quality of our personal relationships is very important. As we move toward retirement years, we want to accomplish satisfying goals, "leave something behind" and share our knowledge with others. We become more accepting of some things and more opinionated about others. We are less likely to change just to please someone. Older adults present a "this is me, you can like it or lump it" attitude.

As we work with different individuals within our teams, the differing life phases influence our team's motivation and interests, and thus our plans and direction. Some research on consultation and age suggests that younger consultees tend to be more receptive, but older consultees may benefit more from the consultation model (Conoley & Conoley, 1981). It may be a matter of how the consultant is utilized. Younger consultees are quick to allow consultants to take on the role of expert, which may not be the most productive approach (File & Kontos, 1992). A match in age and phase may help consultants and consultees communicate, but it is not essential. Good communicators will be able to work with people in many different phases of life.

The next activity is about yet another important individual difference, our style in relating to others, an important dimension in our personality type.

9:45 A Quick Test of Me

Instruction Distribute a sheet of four different colored stickers (e.g., red, green, blue, yellow, they usually come 28 or 35 round stickers to the sheet) to each participant. Read two or three of the descriptors for each color under both "Likes" and "Dislikes" saying, for example, "Green likes control." If participants hear a descriptor that sounds like themselves, they are to place that color sticker on the back of their hand or they may use page #B5 in their notebooks. After reading all descriptors, ask people who are mostly "red" to hold up their hand (many people will have a mix of colors, but one color should dominate). Ask for a show of hands for each color. Then read the descriptions of their strengths and weaknesses, and the name of the type. Distribute the handout #B1 for participants to put in their notebooks for future reference.

Handout #B1

Producer: (Green)	DO	
self-directed and controlled	Take advantage of their need to clear up messes. They love to provide structure and get others back on track.	Strengths: practical, orderly, very direct, organized, traditional, goal-oriented, dependable, economical, and ambitious.
Likes control, responsibility, mastery, loyalty and a fast pace.	They need control - take advantage of their efficient, practical, ambitious nature and give them the reins when possible	
Dislikes ambiguity, irreverence, laziness, and showing emotions.	Show respect for their traditional values and ways of thinking Work with them to be more accepting of other methods of accomplishment	Limitations: dogmatic, stubborn, rigid, unapproachable, distant, critical, and insensitive.

Peacemaker: (Blue) Other directed Likes popularity, closeness, affirmation, kindness, and caring. Dislikes insensitivity, dissension, insincerity, and egotism.	DO Remember their need to keep everybody happy Treat them fairly, supportively, and openly. Appeal to their principles and values. Remember their skill at keeping peace. Allow them opportunities to interact with others	Strengths: devoted, enthusiastic, helpful, trusting, sensitive, good listener, good friend, gregarious, peacemaker, and team-oriented. Limitations: Too other-oriented, indecisive, impractical, vulnerable, hesitant, and subjective
Designer: (Yellow) Task directed Likes perfection, autonomy, consistency, practicalness, and information. Dislikes over-assertiveness, carelessness, arrogance, and fakes.	Work with them to set deadlines and be realistic not perfectionistic. Give them space to operate Pay attention and appreciate their need for substance and credibility Recognize they are practical and emotional Listen. They may not be the boldest or first to present ideas, but they have good ones.	Strengths: exacting, thorough, factual, meticulous, practical, calm, risk-avoider. Limitations: slow to get things done, perfectionistic, shy, passive.
Free Spirit (Red) Group directed Likes attention, achievement, adventure, excitement, spontaneity. Dislikes low enthusiasm, waiting, indecision, convention.	Channel their energy in appropriate directions Respect their need for socializing Reward their efforts with your enthusiasm. Allow them the flexibility to be creative make sure they get lots of credit.	Strengths: persuasive, risk-taker, competitive, change-oriented, socially skilled, inspiring, confident, open, direct and outgoing. Limitations: pushing, intimidating, overbearing, restless, impatient, manipulative, abrasive, reactive, dominating.

Adapted from: Deck, M.J., Nail, C., & Payne, A. (March, 1995). *Developmentally appropriate management.* Presentation at the Southern Early Childhood Association Conference, Orlando, FL.

Dialogue

As you can see we are all different, and each of us brings a unique perspective and strength to a team. Be sensitive to the differences on your teams and capitalize on the assets you have as you work together. (Add your own personal, positive experience working with different personalities)

As individuals, life phases, styles and preferences for relating influence our training needs and priorities. After the break we will talk about another important consideration in working with adults, a stage theory of professional development.

10:00 BREAK

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10:15 a.m.

The Frame: Stages of Professional Development

Dialogue

On the next page of your notebooks is an outline of the stages of professional development. These stages can occur at any age or life phase, independent of personality. As we look over them think of how all these factors might interact.

Overhead #B3 & Notebook page #B6 . . . . **Stages**

Description of the Stages of Professional Development Scale
(Katz, 1972; Parsons & Meyers, 1984)

A. **Survival Stage**
  1. Shows concern about basic issues of professional survival.
    a. How will I be assessed?
    b. How will my relationship with my colleagues change?
    c. How does this effect my current routines?
    d. Will I look incompetent?

  2. Begins change and discovers unexpected requirements.
     May feel inadequate.

B. **Consolidation stage**

  1. Satisfactory, basic competence acquired
  2. Feels more competent, has clear understanding of current skills
  3. Identifies additional skills needed

C. **Renewal stage**

1. Mastery of basic tasks and skills of job
2. Performs competently for some time
3. Tired of sameness and seeks new ideas
4. Keeps up with new developments in the field

D. **Maturity stage**

1. Has integrated new ideas from previous stage
2. Has modified approach
3. Feels confident in use
4. Is very satisfied with accomplishments and roles
5. Seeks to grow professionally

Another model that has many similarities with the Professional Development Scale is found in the Concerns-Based Adoption Model (C-BAM). A Stages of Concern questionnaire (SoC) surveys concerns regarding an innovation (a new practice or skill, for example). The original concept was from Fuller's (1969) work on concerns of preservice teachers which organized development in the following way:

Overhead #B4 . . . . **Development of Concerns**

1. Initial unrelated concerns about teaching

2. Concerns about self in relation to teaching

3. Task concerns about teaching

4. Impact concerns

Hall, Wallace, and Dossett (1973) extended this research to practicing teachers and those assisting them in change processes. Hall and Hord (1986) described how concerns during change fall into three clusters: personal, management and impact on others. As individuals mature in their new practices and gain experience, the peak concerns move through these stages. Another assessment tool, Levels of Use (LoU) of an innovation, compliments assessment of concerns.

Notebook page #B7 . . . . **Levels of Use**

LEVELS OF USE

Non-Users (This person is usually at the personal concerns stage)
0. Non-use
I. Orientation
II. Preparation
Users
III. Mechanical use (This person is concerned about management issues; this stage is like the Survival Stage)

IV A. Routine use (Consolidation)
IV B. Refinement (Renewal: This person focuses concerns on impact)
V. Integration (Maturity)
VI. Renewal

Unlike the previous model, the first three levels describe non-user stages, where the person is deciding on preparing to use a new practice, for example. In Rogers (1983) model, these levels correspond with the knowledge, persuasion, and decision stages for adoption or rejection of an innovation.

Like the first model, the remaining levels describe user stages. The individual progresses sequentially up to stage IVA (Routine level) and then branches to any of the next three levels. How changes occur, if at all, at the more mature levels of practice is dependent upon personal characteristics, evaluation of the practice, changing needs or demands, and the acquisition of new knowledge and skills.

10:30 a.m.

Assessing stages and Formulating Strategies

Dialogue

To determine "where someone is" an individual may be observed over time or, for a faster assessment, the person may be interviewed to determine where he/she falls in their actual use of a new practice, such as implementing a full inclusion plan for a child. Prior to an interview, it is very important to decide upon what must be present to constitute true "use" of the inclusion plan, as it is possible for a person to present themselves as users without actually having adopted the key elements. How many of you would say you follow a low fat diet? Now read the criteria listed on the page #B8 of your notebooks. Now how many of you meet these criteria? Do these criteria change your answer to the question of following a low fat diet? The definition of use does matter.

It is necessary in establishing a model of inclusion as an innovation to clearly state the criteria that define it. As we all know, it is possible to have a child be present in a classroom but not included. In an inclusive model you might expect the teacher to be able to explain the child's current objectives and performance, and describe adaptations or strategies that are being used to fully include the child in all activities. Validation of use can occur through a combination of observation and interview. For a complete description of the interview process on which these findings are based, refer to Hall and Hord's (1986) work. The reference may be found in the back of your notebooks.

In the early stages of use or implementation, the individual is working on logistics and "how to" and has little time for anything else. Managing the situation is paramount. If a teacher is new to the profession as well as the practice of inclusion, this person is certainly not interested in the finer points of practice or evaluating impact. It is not until the individual moves past a comfortable routine practice level that he/she is interested in sharing ideas with others, collaborating to improve practice and so forth. Rogers (1983) refers to this as the confirmation period. If negative evaluations about the innovation occur at this time or much better innovations appear, then the person may abandon this approach or re-invent a more preferable version of the practice. It may be of interest to note that a person who is one of the last to try inclusion, is also more likely to abandon it later. There are a number of differences between early adopters and late adopters of a new practice. Age is not a determinant here. As you might suspect, early adopters are more risk-taking, financially successful, more able to deal with abstractions, and have more favorable attitudes toward change and research. They also tend to be better connected to sources of new information and actively seek new ideas. Interestingly, the persons most likely to be the first adopters are usually the least in need of the innovation. We have seen this pattern in all types of innovations; such as, family planning, farming, use of technology. Certainly, as trainers or consultants, we prefer to work with the easiest, least resistant people, but they are usually not the most in need.

As we build teams and inclusion practices increase, we need to think about the best ways to support each other. Bringing novice practitioners (Level III) together might be comforting and helpful in this "survival" stage, but it is not likely to result in an array of new ideas about how to change a practice. Level III's need mentors and coaches. They need practical, immediately useful help. If this does not occur, and a person stays at this awkward stage for too long they will likely abandon the practice. The early adopters may stay with it longer, but not forever. One of the great benefits of the team is to assist its members through early stages of new practices. Administrative support is critical also, as administrators are in a position to delegate resources, provide encouragement and make allowances for the ups and downs of this period.

In addition to these considerations for working with adults, page #B9 in your notebooks provides some guidance for how to best work in situations with a person at different stages of development who is either willing or unwilling to use a practice. These are included as a reference, additional reading on the subject may be found in the work of Idol et al.(1986) and Hersey & Blanchard (1982).

The role, style, and the intensity of the consultant's involvement depends upon the characteristics of the individual(s) being supported, their needs, the environment and the needs of the child. Consulting is a broad concept that encompasses many activities. These activities range from a very directive, hands-on role that teaches specific skills (coaching) to a very non-directive, hands-off, problem solving role. We have already discussed the latter at some length during Day Two of the Shared Opportunities Workshop. The roles to be presented today are: coaching, modeling, and co-teaching. Of course, problem solving runs throughout these roles. A good consultant must be able to implement a plan that targets what needs to be done and how it will be done, i.e., the appropriate approach to take. Before we talk about each of the consulting roles and specific techniques, let's look at some examples using the individual variables that we discussed, i.e., life phase, stage of professional development and concern, and personality characteristics.

Instruction Ask the participants to take a few minutes to read over the Portraits on pages #B10, B11, and B12 in their notebooks. Then brainstorm with the group about what types of roles might be appropriate for the consultant in such situations. Suggestions are listed on the bottom of the trainer's "Portrait" only for the first two examples. The third portrait may be used as a small group activity if time permits.

Name: Nathan Lyons

Discipline: Early childhood educator, 2 years

Life Phase: Age 24, Moving into the adult world

Personality Type: Free Spirit

Stage of Professional Development for inclusion: Consolidation

As he begins his third year of teaching this teacher feels confident with his skills in planning and implementing curriculum. He has been taking college coursework leading to a B.A. in Education since his first year of work in the early childhood center. During the previous school year a child in his class was identified as in need of special services. That experience which included pull out services for the child from a variety of individuals encouraged Nathan to include special education courses in his college program during the summer months. He enjoys the involvement of other adult professionals in his classroom and is enthusiastic about incorporating ideas and suggestions. He sometimes has a tendency to go overboard with suggestions, generalizing for all the children strategies that are intended to be used with one. He is popular among the staff and his open and positive attitude towards including children with disabilities has influenced other staff members. He hopes to eventually move into an administrative position and enjoys the opportunity to make himself visible throughout the professional community. He expects others to be as enthusiastic and achievement driven as himself and can be impatient with individuals who are less decisive and focused.

Suggestions:

This teacher looks forward to both input and recognition from the consultant. He wants time to plan and exchange ideas. The consultant should include him as fully as possible in the planning/problem solving process. Eliciting and incorporating his ideas into strategies for intervention activities will allow him to use his capacity for creative curriculum development. Coaching in specific skills is welcomed, however he will need effective and frequent feedback to keep his implementation of skills appropriate. Video feedback would be a good method for this teacher and could also be used as a teaching tool for other staff members. The consultant should look for opportunities to encourage participation of this teacher in professional training offerings.

Name: Mary Jones

Discipline: Early childhood educator, 10 years

Life Phase: Age 42, Becoming one's own person

Personality Type: Producer

Stage of Professional Development for inclusion: Survival

Already a very organized, dependable person, this teacher has a clear sense of who she is, what she believes and doesn't believe. The philosophy of inclusion fits with her own and she has asked to have Ricky, who has Down Syndrome, in her room. She wants to get a handle on effective strategies to include him as quickly as possible. She wants a brass tacks, no-nonsense expert consultant to give her the information and skills she needs, but wants little interference in how she implements practices and certainly very few changes to her curriculum. In other words, she expects significant control in the decision making. She expects her team of supporters to be focused and efficient, to make and keep appointments.

Suggestions:

Acknowledge this teacher's wealth of experience and professionalism. In the beginning, she would probably appreciate well-planned demonstrations and/or coaching in very specific intervention methods. The consultant should be careful not to disrupt the routine of her room. The consultant would be wise to spend at least one full day as a helper-observer in order to fully understand the routines prior to any demonstrations. Once a clear understanding is obtained, the consultant and teacher should work through a matrix-style planning/monitoring form to incorporate goals into the daily routine. This teacher will be very helpful in documenting goals addressed through activities in a simple check-off form.

Notebook page #B12 . . . . Portrait

Name: Carol Hancock

Discipline: Early Childhood Educator, 18 years

Life Phase: Age 52, Settling Down

Personality Type: Peacemaker

State of Professional Development for inclusion: Renewal

Carol started teaching in a local early childhood program when her youngest child began kindergarten. She is a well respected member of the staff who is looked to for training and supporting new staff. Her classroom was the first in her center to include children with disabilities. Disabilities up to this point have been speech only. She has a good relationship with the Speech therapist that comes into the center and has worked with her to develop activities that target individual child needs. As she has matured as a teacher she has focused less on classroom materials and child "products" and more on the value of the children's daily experience. She has become interested in the effects of delayed language on the children's social development and would like to incorporate more social and play goals into her curriculum. She wants direction in how to accomplish this. She wants a consultant that shares her nurturing approach with the children and will respect her experience knowledge.

Suggestions:

11:15

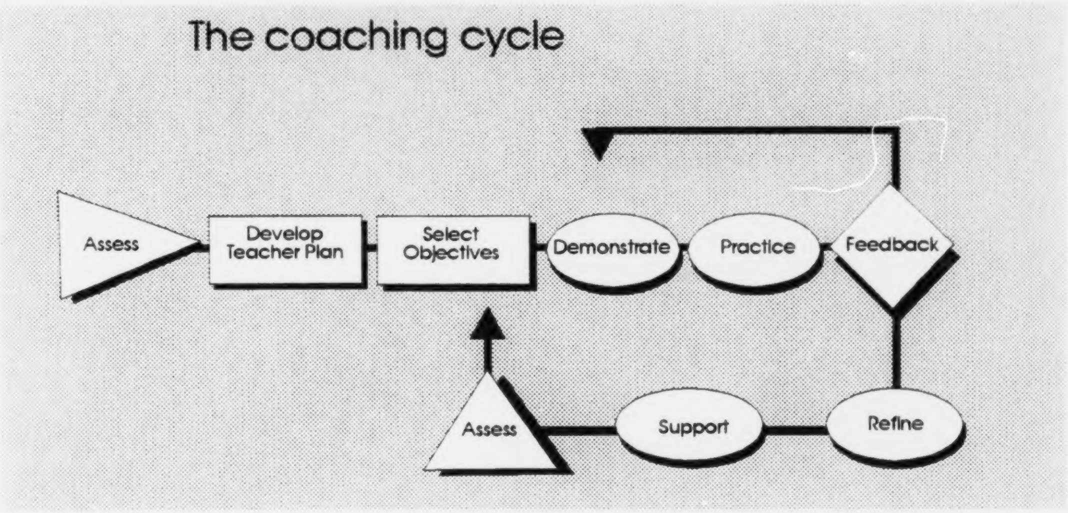
Coaching

Dialogue

Now that we have talked about possible roles that a consultant might take, we are going to spend some time exploring in more depth what each of these roles entail. We will begin with coaching.

Coaching is an excellent tool for training specific skills in willing and motivated adults. It is appropriately used at many stages of development as certain skill needs arise, but is particularly useful in the early mechanical or survival stage.

Overhead #B5/Notebook page #B13 . . . . **Coaching Cycle**



In essence, coaching is demonstrating to someone how to perform a specific task in order to build upon their competencies and skills. Coaching does not involve simply telling someone how to do something, but rather, follows a systematic construct involving analysis of present performance, development of a plan, demonstration or modeling of the appropriate technique, feedback and acknowledgement of effort, and continuous monitoring and support for the individual.

For inclusion, coaching involves working with staff to build upon and develop skills for appropriate practices in the early childhood setting. The key to the process of effective coaching is communication. We have suggested active listening as a method for ensuring that this happens. Expectations as well as clarity of intent should be addressed up front. Coaching should be a positive and nonthreatening experience for the teacher being coached. Mutual respect should be established early and maintained throughout in order to maximize the collaborative and consultative process. Acquisition of a new skill requires active participation and practice; thus coaching is an ongoing process.

Consultants should coach when needed, and gradually fade the directions while offering appropriate feedback and encouragement. As the team serving the child becomes more transdisciplinary and basic skills are acquired, the coaching role becomes more subtle, and less frequent. The coach continues, however, to model all the important intervention methods in any co-teaching role she/he may assume.

The basic coaching model consists of four major phases, each containing steps for fulfillment. These phases are described on our next transparency and in your notebooks on page #B14.

Overhead #B6, 7, & 8 . . . . Coaching Process
Notebook page #B14

OUTLINE OF THE COACHING PROCESS

Preliminary planning

1. Analysis of all assessment data
2. Identification and operationalization of training objectives
3. Collection of baseline data on child behavior if appropriate

Trial and evaluation

4. Demonstration in the setting of specific strategies and techniques to be used (field validation)
5. Collaborative critique and refinement of coaching plans
6. Review of baseline data and additional collection if needed

Discrete skill training

7. Verbal explanation of and rationale for the specific skill (steps and critical components are delineated)
8. Demonstration of the desired skill by the coach in the natural environment
9. Teacher practice of the skill with guidance
    a. Optional simulated setting (e.g., trainer role plays the child)
    b. Natural setting
10. Discussion and feedback following the training session
11. Written suggestions and information left with teacher

Maintenance and Support

12. Monitoring of progress with feedback

13. Refinement of skills through self-monitoring, coaching, co-teaching, etc.

14. Support of correct practice through discussion and problem solving

Dialogue

The consultant prepares for coaching by developing a brief written overview of the technique or skill to be coached. This overview should be limited to one page and may include references for additional readings. In preparation for a coaching session, the coach may select a generic skills checklist or develop a new, complete, step by step outline for the skill. If the coach needs to develop a new outline, each step should be qualitatively and quantitatively described. This Observation Checklist should be limited to one page per training competency.

Each competency should include no more than twelve critical elements. Five to six elements are ideal. If ratings are desired (this should be done only if the teacher wants this type of feedback), then a 1 to 5 point scale may be included. The basis for the scaling of the discrete steps may be found in the work of Hord, Rutherford, Huling-Austin, and Hall (1987). These steps are described as in the Innovation Configurations assessment. For skills analyzed on this continuum, the trainer must first conceptualize how the skill would appear during performance. Second, the trainer must conceptualize how the presence or non-presence of the behaviors could be objectively described given the environment and available materials.

A well written Observation Checklist should have a high inter-rater reliability. That is, any professional with knowledge of the skill should be able to use the checklist and observe with the same accuracy as the coach. For a new coach/consultant or the first time a skill is being trained, rehearsal and feedback from the team or a colleague might be helpful. Examples of Observation Checklists are found on pages #B15, #B16, and #B17 of your notebooks.

Instruction

Integrated Child Care: Meeting the Challenge (Mulligan, Green, Morris & Maloney, 1992) contains examples of seven strategies to help children develop communication skills that are easily adaptable to an Observation Checklist format. You may wish to have participants select one of the strategies (mirroring, parallel talk, self talk, reflecting, expansion, turn-taking, creating opportunities) as a simple exercise in developing an Observation Checklist. A blank form is included on page #B18 of the participants notebook.

Overhead #B9 . . . . Observation Checklist

Goal: Signing Simple Words

1. Ensure that the object or situation that the word represents is visible to the child, but out of reach.
2. Ask the child, "What do you want?"
3. Wait for a response. If no response,

4. Model the sign and verbally produce the word.
   Example: "Cookie," and sign the word cookie.
5. Wait for a response. If no response,
6. Encourage child to imitate. Example: "You do it."
7. Physically prompt the child to form the sign, if necessary.
8. Give child what is requested and offer praise.
9. Gradually fade the assistance needed to sign. Example: When the child signs on his own, fade the physical prompts and continue with verbal prompts.
10. Encourage and reinforce any vocalizations and signs.

Steps	Date	Date
1. Arranges Environment		
2. Gives Cue		
3. Waits for response		
4. Models sign with verbal		
5. Waits for response		
6. Encourages imitation		
7. Physically prompts		
8. Reinforces		
9. Fades assistance		
10. Encourages verbalization sign		

Dialogue

The coach prepares materials, gives appropriate information to the teacher and agrees upon a time for the classroom demonstration. The coach should not begin a demonstration with a group of children without first meeting and becoming comfortable with them. However, it is acceptable to select a cooperative small group for the demonstration, particularly if there are behavior problems that would greatly interfere with the pace of the demonstration.

Arrangement should be made for a volunteer, aide, center director or other assistant to take care of any child's "emergencies" or other behavior that could be distracting during the coaching session. A minimum of three sessions are scheduled in order to provide ample opportunities to practice with feedback.

The teacher receives an explanation of the observations noted on the checklist in order to clarify the skill, and emphasize important elements. The checklist will be used for feedback after the demonstration as well as an evaluation tool for the teacher. Most adult learners appreciate this method for providing objective feedback and clear understanding of expectations.

Now we will discuss the steps involved in actually conducting a coaching session.

Instruction Overhead #B10 and Participants pages #B19 and #B20: The Coaching Session are presented in outline form. The Instructors version contains suggested dialogue.

Overhead #B10, part 1 . . . . The Coaching Session: Explanation

1. **State Why Technique Is Useful**

2. **Discuss Observation Checklist Items**

3. **Keep Explanation Brief**

4. **Review Points**

Dialogue

In the first session, the coach begins with an explanation of the purpose and importance of the particular skill. It is not necessary to give a theoretical explanation at this point. Although an understanding of learning and educational theory is a very practical beginning, a simple explanation for the use of certain approaches is enough. Teachers become interested in the theory as they find techniques to be effective. They can then be steered toward more in-depth readings, course work, or seminars.

Keep the explanation brief. Five minutes is enough. The teacher's frame of reference, experiences and potential application of the skill provide a framework for the explanation. The coach should anticipate and prepare for the teacher's questions.

Note: Preparing the individual for learning by giving this background information is in keeping with cognitive learning theory and best practice in adult education. To retain and use new information, the information must be relevant and meaningful. There must be a clear sense of why the competency is pertinent, otherwise the information and skills will be dismissed. In some way the coach must promote continued commitment to the practice and use of each skill, and that should begin by heightening awareness of its relevance to the present need. This sets the stage for a high level of interest and motivation to incorporate the skill by virtue of the fact that the coach and teacher collaboratively selected the skill as important.

Before beginning the demonstration, the coach reviews the Observation Checklist with the teacher. This provides a framework for the teacher to identify the critical components of the skills as the coach demonstrates them. Time should be allowed for questions and discussion at the end of the explanation.

Overhead B10, part 2 . . . . The Coaching Session: Demonstration

1. **Ensure the attention of the observer.**

2. **Maintain a natural and flexible style.**

3. **Be credible.**

4. **Emphasize or repeat points.**

5. **Use cues.**

6. **Encourage questions.**

Dialogue

The actual demonstration is the unique and essential part of the coaching model. It allows for immediate critical analysis and verification of the competency. Unlike reading or listening to a description or theoretical discussion of a technique, the learner is able to see, hear and participate in the application in the setting where it will be used.

Although a demonstration could be provided by a video tape, which has the advantage of replay for clarification, a benefit of coaching is an actual live demonstration with the specific child. It is usually less time consuming and more effective to go straight to a demonstration with the child in the setting, especially since the dynamics of the setting can have important effects on the technique that need to be understood and responded to appropriately.

Before beginning the demonstration, make sure the teacher is able to give his/her undivided attention and clearly understands the explanation of the demonstration. Good demonstrations are smooth, flexible, and follow a logical, clearly observable design. The coach should be prepared for some normal interference from the group, such as off the subject questions, and then be able to return smoothly to the next step in the demonstration. Some parts of the skill may need to be repeated. Using multiple examples of the same skill assists with generalization and enhances understanding (Gagné, 1974).

During the demonstration, the teacher may use a reference sheet such as the Observation Checklist. In addition, the coach can signal important variations or subtleties of the skill during the demonstration. This can be done with pre-arranged signals, cue cards, a nod to the teacher, eye glance, or short comments. Comments may include "Watch...," or "Did you see that?" The coach might use non-verbal signals, for example, unobtrusively raising his/her fingers in a counting sequence when demonstrating a five second pause to allow a child sufficient time to respond.

The pace of the demonstration should follow the natural flow of the ongoing activities of the room. It is more important that the skill be incorporated smoothly into the natural routine than that the coach belabor a part of the skill simply for emphasis. The teacher and the coach should discuss unexpected responses from the child and peers and how these might have changed the flow of the demonstration.

At the end of the demonstration, about five minutes should be taken to discuss the observations. Discussion includes the steps and events and any difficulties the coach may have had. Admitting imperfections and need for improvement establishes a positive model for open self-evaluation and sharing. This is not to suggest that the coach can appear unprepared and incompetent. It is very important that the coach is seen as possessing expertise, but not to the point of being infallible. The coach should encourage the teacher to ask questions and suggest modifications. If necessary, the demonstration can be repeated and the Observation Checklist and criteria that frame the presentation can be modified and tailored to the learning needs of the teacher and situational differences. If the teacher is ready, she/he can be given an opportunity to practice with guidance. The closer the first practice is to the demonstration the better. The return demonstration or practice should occur at least within two days. Some teachers might find it helpful at this point to write their own cue sheet based upon the Observation Checklist prior to their own return practice.

After lunch we will conduct a coaching demonstration, and that should help clarify any remaining questions you might have. I will need a volunteer to be coached.

12:00 LUNCH

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1:00 p.m.

Coaching Demonstration

Instruction Ask the volunteer to return from lunch a few minutes early to go over what is planned. Role play a coaching scene using the observation checklist example in these materials or one appropriate to the interests of the group. The video, ***Project Coach: An Overview of Coaching***, provides further demonstrations of coaching sessions.

Overhead #B10, part 3 . . . . Coaching Session

1. Observe practice.
2. Individualize guidance.

Dialogue

Following coaching, the next step is to support the learner during practice. Coaches must be sensitive to the teacher's anxieties during the early practice sessions. Anxiety can significantly interfere with performance and efficiency. As trust and confidence increase, sessions will become more productive and the teacher more efficient, but initial learner apprehension is to be expected. Multiple practice opportunities are important. To achieve maintenance of competence, rehearsal and overlearning to the point of comfort are helpful. Also, make certain that the first efforts are in a favorable situation for success. Interest, energy and cooperativeness of young children can change rapidly. Try to select a good time for the first practice.

During the guided practice session in the actual setting, the coach should be prepared to give prompts and advice unobtrusively. Most young children will not be disturbed by quiet comments from the coach. Prearranged verbal or nonverbal signals can be used similar to those used during the coach's demonstration. Nonverbal cues can be useful if the learner is able to attend to them. The purpose of cues is to help the teacher successfully complete all the components of the skill. Some prompts and cues that coaches have used may be found in your notebooks on page #B21.

Overhead #B11 . . . . **Coaching Session**

1. Use feedback to facilitate and support.
2. Give formal feedback following practice.
3. Develop teacher independence.
4. Begin objective feedback with self critique.
5. Problem solve difficulties together.
6. Plan practice and future training.

Dialogue

Verbal and written feedback should immediately follow each session regardless of feedback given during the practice. Some teachers require a brief summary, others require more in-depth feedback. Another method to critique performance is the use of video and sometimes audio tape. The thought of video or audio taping is usually met with great hesitation. However, trainees and coaches using taping find it very helpful, particularly if confidentiality can be absolutely assured.

After the coach has taken time to review notes and select the most important focus for training purposes, the coach and teacher review the information on the Observation Checklist and problem solve difficult spots. Staying focused on the critical elements identified on the checklist will keep the amount of feedback at a serviceable level. The coach must be positive and supportive, making certain that praise is genuine. Feedback, especially after the first practice, should always include objective data regarding the teacher's performance. The teacher is encouraged to self-analyze and problem solve while mastering the skill. To promote this process, the coach should move to a less directive approach. In addition to providing data, Rosenfield (1987) suggests that a consultant in this facilitative role should:

Overhead #B12 . . . . **Promoting Self-Analysis**

- Elicit feelings, inferences, and opinions.
- Ask clarifying questions.
- Listen more and talk less.
- Acknowledge, paraphrase, and expand the teacher's statements;
- Offer information when appropriate
- Provide specific feedback; and
- Elicit alternative techniques and explanations.

Dialogue

As much as possible, the teacher should decide how to best perform techniques and how to improve and adapt strategies for the particular situation. Most trained child development professionals and paraprofessionals soon recognize how similar children with special needs are to other children. They discover that the teaching skills they already possess are the basis for teaching all children. Consultants should always consider the balance of instructional and facilitation needs. Some skills and knowledge simply need to be tapped, others need to be added and developed. Also, an important goal is to empower consultees to generalize their skills to other situations.

To conclude the session, the teacher receives the Observation Checklist along with any additional suggestions for practice and implementation of the skills. The coach should make and keep private progress notes. Remember that as a coach, the goal is to decrease the amount of direct assistance needed and empower the person to make certain decisions. Therefore, an ongoing goal for the teacher is to develop the skills of self-analysis, problem solving, resource identification, and refinement of skills.

2:15 p.m.

Modeling and Co-Teaching

Dialogue

A modified version of coaching is modeling. Modeling requires less commitment from the consultee as there is no planned expectation for a return practice and feedback after the modeling. The consultant may or may not even plan to model the practice, but rather use what is appropriate as situations arise. Modeling can be a trial run of a method to see if it might be appropriate for coaching.

Modeling has been used to present many methods at once, in a more holistic teaching demonstration. Examples of modeling include:

- A consultant might conduct circle time for the entire class and during that time model strategies for effective transition, support for a specific behavior, language expansion, and social skills instruction.
- The consultant might model language and social interventions during learning center time by facilitating a play group.

At the conclusion of the demonstration, the teacher can inquire about and discuss what was observed, what worked well, and what s/he might like to learn more about or try.

A consultant and consultee may decide that co-teaching would be a useful role. This might be very appropriate for a skillful, experienced teacher that needs help monitoring the child's progress or needs to assess responses to different individuals. Or a consultee may wish to experiment with different methods but needs assistance and an observer to help implement ideas, or would like the consultant to experience first hand some of the classroom dynamics in order to generate ideas and strategies. If co-teaching is implemented, the purposes and expected outcomes need to be specified as well as a timeline, so that the consultant doesn't fall into the ongoing role of teacher's aide.

Whatever role is chosen at a particular time, it should be planned and confirmed with the consultee in advance of the implementation.

2:30 p.m.

Additional Tips on Giving and Receiving Feedback

Instruction Regardless of the role taken, feedback will be a component of the consultant's activities. The next page in the participants' notebooks contains additional suggestions for communicating on this level. Review the highlighted information points below and ask for any particular questions.

Overhead #B13 . . . . **Positive Feedback**
Notebook page #B22 . . . . **Giving and Receiving Feedback**

1. **Effective positive feedback is informative, pleasing and motivating. In order to meet these criteria, positive feedback should be:**

    a. **specific.**
    b. **appropriately timed** (to increase a skill that is being learned the feedback should be immediate, to provide feedback on attitudes or concepts it might be more productive to remark "I keep thinking of your comments last week about transition. It really made an impression on me. I think you've hit on something. Let's talk about it some more."
    c. **in keeping with the professional maturity and needs of the individual.** Pointing out skills that are unimportant to the consultee (you spelled every word in your report correctly!) will quickly send the signal that you are out of touch with their needs, or sarcastic, or manipulative.
    d. **genuine.**
    e. **not effusive,** but more frequent positive than negative feedback.

Overhead #B14 . . . . **Negative Feedback**

2. **Effective negative feedback is presented in a similar fashion.** That is, it is specific, appropriately timed and genuine. Since negative feedback can be threatening, the consultant must have established sufficient rapport and expectancies that this is part of the learning process. **Remember to:**

    a. **model constructive self-criticism and a desire to improve**, always be able to laugh at your mistakes. Use appropriate humor whenever possible. Take responsibility for being unclear or confusing as a coach (it happens!);
    b. **seek out corrective feedback for yourself** from others;
    c. **only give negative feedback when it can be corrected;**
    d. **be tactful,** pair it with positive if possible ("Your first activity with John seemed to go much more smoothly than the second.....The way you took advantage of John's interest in texture of the paints was good, have you thought about watching for these interest opportunities during outdoor play");

e. **use objective data** from observations that have been mutually designed; and

f. **limit this feedback to topics relevant to the consulting relationship**. A consultant should clarify with administrators how legal or ethical dilemmas should be handled. Consultants must always adhere to the highest standards of ethical conduct as representatives of their profession, and take personal responsibility for following through to resolution of conflicts.

Instruction A more directive approach to facilitation that stops short of telling the teacher what to do is a diplomatic suggestion. Notebook page #23 gives participants some examples of this technique.

Notebook page #23 . . . . **Suggesting versus Telling**

Although the consultant should encourage the teacher to arrive at his or her solutions, sometimes the teacher will simply not have enough expertise to arrive at a satisfactory solution. In such cases the consultant may say:

Have you thought about . . . ?

Some teachers have found that _______ has been helpful.

Another way might be . . .

We might want to try . . .

What if we did it this way . . . ?

What would happen if . . . ?

2:45 BREAK

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3:00 p.m.

The Team as Architects and Builders

Dialogue

Now that we have discussed some possible ways of determining how consultants and consultees might work together, we need to address the question of priorities and goal setting. As a quick review of the assessment process, here is a possible checklist of what should be present prior to goal setting.

Overhead #B15 . . . . **Consultant's Checklist:**

- The environmental assessment has been completed.
- Family needs and desires in relation to the education of their child have been

determined.

- Appropriate functional goals to be implemented in the chosen setting have been developed with the family. (**see appendix/handout for examples of functional programming and goals**).
- Direct staff's stage of professional development, needs and concerns have been assessed, and personal characteristics have been considered.

Dialogue

The next step is to develop a plan to meet the needs in a timely manner. There are many considerations in selecting appropriate goals and objectives for the Consultation Plan. It should reflect the planning and self-assessment of the consultee(s) with assistance from the consultant.

In general, to select priorities for goals and objectives the consultee and consultant should consider:

Overhead #B16: . . . . **Priority Questions**

- What is most important for the health and safety of the child?
- What skills maintain the current effective level of the program with full inclusion of the child with special needs?
- Which of the child's goals are most critical at this time?
- What are the beginning or elemental skills that this consultee needs?
- Which priorities are most amenable to change?

Dialogue

These are the questions that guide the team's priorities. Based upon all information and data gathered, the consultant and the consultee collaboratively write a Consultation Plan. The design of this plan is much like that of a child's Individualized Education Program (IEP). The consultation plan contains goals and objectives, methods and materials, timelines, and evaluation criteria. Some of the goals correspond with those written into the child's IEP.

Instruction The trainer should review with the participants the following steps to completing the Consultation Plan. When all eleven steps have been reviewed, participants will complete a Consultation Plan. Participants' notebook pages #B24-28 include the outline (bold) portion of the plan. Consultants, or teams if present, may work through one of their own cases. If the teams are divided for this activity, then a facilitator needs to be present with each team, working through each of the questions. You may chose to provide a case study for all consultants to work through together. The case study must include assessment information on the child, family, environment and teacher as discussed in Day Two of Shared Opportunities as well as a list of the child's IEP/IFSP goals. Information about the teachers' life stage, professional development and personality style as discussed in todays' workshop will also help to develop a comprehensive plan.

3:15 p.m.

Developing a Consultation Plan

Dialogue

The following is an organized process to assist in selecting goals and objectives for the Consultation Plan. As we work through each question, think of who might be a resource to you in this particular area. A planning form may be found in your notebooks on pages #B24 to #B28.

1. **What are the teacher's primary concerns and interests?**

Does the teacher/caregiver have specific concerns about having the child in the room, if so, how can those concerns be addressed? What professional area is he/she most interested in developing? How will you help him or her develop in that area?

2. **What additional knowledge, if any, is needed for the teacher to have a clear and relevant understanding of the child's abilities, experiences, home environment and developmental expectancies? Note each topic and rate as: 1 (essential), 2 (important), 3 (helpful).**

3. **What additional knowledge, if any, is needed for the teacher to have a clear understanding of the purposes and benefits of intervention and inclusion for this child in this setting? Again, rate from 1-3.**

These questions are concerned with the teacher's knowledge-base, that is information that will increase the understanding of behavioral and developmental characteristics, intervention and support needs of the child. For example a teacher may need more information on inclusion, cerebral palsy, augmentative communication, positive behavioral support and/or developmental disabilities in general. The teacher may need information ranging from several topics to "no perceived need at this time." Start a list of knowledge and skills needed. It may be appropriate to use a formal self-assessment approach. Self-assessment and reflection are appropriate for adult learners who prefer to be self-directed and independent. There are several self-assessment instruments that may be useful. Among these are the Teacher Request for Assistance and Self-Rating Scale (see the appendix), the Self-Assessment Form (DeStefano et al., 1991) or the Needs Evaluation for Educators of Developmentally Delayed Students (McWilliam & Dunst, 1985). (Call this your **New Knowledge & Skills Needed List**) Add these areas of needed knowledge to that list.

4. a. **If this is a new placement, what are the skills or accommodations needed to ensure the child's safety and health? For example, are changes needed in the environment? What about toileting? positioning? feeding? Rate each need from 1-3.**

b. **What knowledge or skills are needed to communicate with the child? Is the teacher able to understand communication of basic needs?**
Rate each need from 1-3.

How does the child communicate? Will a communication system need to be developed for him/her? Will the teacher need new skills to communicate with the child?

c. **What knowledge or skills are needed to establish positive guidance and a cooperative relationship with the child?**
Rate each need from 1-3.

What technique will be used to establish these practices with the child? Will the teacher need new skills to implement this?

d. **What knowledge or skills are needed to ensure social acceptance of the child? Do the other children need to be prepared? The other staff? the families?**
Rate each need from 1-3.

Does the child have the needed play skills to participate? What can be done to facilitate inclusion in play? Will the teacher need new skills for this?

5. **Look at the individual goals and objectives for the child that have been developed for the IEP or IFSP. Where are the priorities from the perspectives of the different team members, especially the family? Prioritize the objectives as much as possible (try using notecards). Some may have equal rankings.**

Next, consider the IEP/IFSP goals and objectives, will the teacher need new skills to help meet these objectives? For example, if an objective for the child is to transfer from his/her walker to a chair with assistance does the teacher need to develop a new skill to do this? (i.e., does the physical therapist need to coach the teacher in doing this?) If the child will be learning an augmentative communication system, does the teacher need to know how to do this? If so, add these to your list. Again, if there is a question about a skill, self-assessment can be conducted using video or audio-tape; through the use of self-monitoring during activities, or through recall and rating using specific criteria for the skill.

6. **Using the information from #1 through #4, list on a separate sheet or on notecards the essential knowledge or skills adaptations needed. Beside each item indicate a deadline for when this need must be met. Then note approximately how much time would be required to complete it, i.e., 1 hr day/4 days. Group those activities that can be worked on as a unit, and re-calculate time as needed.**

7. **Next, using a problem solving method, go through the prioritized objectives (#5) and carefully select methods that can be effectively used in the setting to meet these objectives. (Consider consultee characteristics). Indicate a deadline for when these methods need to be in place and how long you estimate it will take to coach the teacher if that is needed. Integrate this list with the first list (#6).**

At this point you will need to look at all the information the team has gathered and decide if the new knowledge and skills needed to include the child in the chosen center are realistic and acquirable? If you (consultant and consultee) determine that it is a workable situation then prioritize your list of needs by rating each need on a scale of 1 to 3, (1) essential, (2) important (3) helpful. Some may have equal rankings. Next change your needs into statements of objectives and methods, you may find that some of your needs can be met at the same time in the same manner. For example if you have the following needs - to prepare other children, prepare staff, prepare families - you may write one objective "Conduct an awareness campaign for staff and families of enrolled children." Using the team problem solving method may help prioritize the objectives and select methods for acquiring the needed knowledge and skills. (Reading an article, attending a workshop, coaching, etc.)

Not all of the needs of a teacher/caregiver are appropriate for placement on the Consultation Plan. For example if physical adaptations need to be made to the classroom it may require the skills of a carpenter rather than a skill to be developed by the teacher.

8. **Develop the Consultation Plan using timelines established throughout this planning and evaluation process.**

Establish a timeline for each objective. This will be different for each objective. Obviously if a workshop is needed to acquire knowledge and/or a skill timelines will be affected by the availability of that workshop. You will be able to work on more than one objective at a time.

9. **Finally, note any task assignments to consultant(s) and consultee, family, or any other team members of resources to be used.** In other words, list who will do what.

10. **Identify other resources.**

It is important to identify and access all available resources both material and human. Material resources may come from other classrooms, public libraries, and local resource centers. Human resources range from peer teachers, administrators, other children in the classroom to related service providers (i.e., Speech/Language Pathologist, Physical Therapist Occupational Therapist, etc.).

11. **Select a method of evaluating outcomes**

Determine how you will evaluate attainment of each objective. Plan to use a variety of methods as one method may not be appropriate for every objective. Pre - post tests may be appropriate for workshops presenting knowledge based information but would not be used for evaluating a coached skill such as transitioning from a walker to a chair.

The information needed to write your plan for consulting should be available and organized at this point in the process. Additional planning worksheets, tips for success, blank planning forms and examples of Consultation Plans are included in your notebooks. (Note: Tips for Success is only in the participant's notebook, page #B29.)

Instruction At this point have participants complete a consultation plan. Provide each consultant or team with 25 3X5 note cards to use as they develop their plan. A sample Consultation Plan is on notebook pages #B30-36.

4:30 p.m.

Taking it Home

Dialogue

As a final activity, we would like you to think about what you see as the gaps you or your team have in terms of resources, what you especially want to take with you from this workshop, and what you would like to do or learn about as a result.

In the back of your notebook is a memo form for you to complete, seal in the envelope provided, and self address. Drop it along with the workshop evaluation in the box as you leave. The memo will be mailed back to you in approximately one week. Use it to commit yourself to the changes necessary to "build opportunities" for the children you work with. Thank you for coming.

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APPENDIX

Assessing Family Needs and Priorities

Family assessment is needed to plan effectively for inclusion. Consultants must know what the family currently views as priorities and concerns in the placement situation, and what skills that might be able to bring to the consultation and coaching effort. The family is often an excellent source of ideas for strategies and methods to use to fully include the child in the setting. They may also wish to be a part of the technical assistance team and can ably demonstrate special caregiving techniques they have learned.

There are several family needs assessment instruments available that can be used. (Bailey & Simeonsson, 1990; Durst, 1986). Methods of assessing family strengths and needs include interview, formal questionnaires and observation. It is as important to select the right approach as it is to select a tool that answers relevant questions. Some families prefer a questionnaire that they complete in private, others wish to be interviewed. There are no perfect tools, so always remember to provide the opportunity for families to comment on anything that might not have been questioned.

The same ten questions used to interview teachers can be used to interview families. These ten questions can help frame a focused interview around primary concerns and goals relative to service in a community-based program.

Monitoring of satisfaction is another important form of assessment for use with families. Obtaining honest evaluations of satisfaction with services can be difficult if the family sees service providers as the only available resource, have established a personal bond, or consider their own opinions as less important than the professionals'. Consultants should model and encourage members of the team to constantly seek feedback and opinions from the family, not just wait until the end of the year when program evaluations are done en masse. If families are included in planning and decision making and are an active part of the team, the degree of satisfaction should be evident. Consultants should be honest with families about where they and the program are in terms of stages of development. If this is a new program and role for the consultant, for example, then everyone should be constantly evaluating the process and working to support one another.

Functional Curriculum and Programming Should.

- increase child's ability to interact with his/her world
- reflect an analysis of the demands of the child's current and future environments
- be immediately useful in meeting the demands of those settings
- be taught within the situations in which they are going to be used
- offer a wide range of applicability so they are functional in many contexts
- include multiple opportunities to facilitate generalized use and maintenance
- use age-appropriate materials and activities

Source: Horn, E.M., Smith., B.A. , & DeStefano, D. M. (Eds.) (1989). Functional curriculum programming. Proceedings from the Peabody Integration Project "Moving Toward Best Practices" Conference.

CRITICAL COMPETENCIES FOR INCLUSION: 3-5 YEAR OLDS

I. Individualizing instruction

A. Plans the instruction program with regard to the child's individual needs.

B. Structures individualization appropriate to the child's abilities.

C. Provides individual child many opportunities for acquisition and practice of skills.

D. Provides assistance and reinforcement of skills.

II. Promoting social integration

A. Plans and provides activities for social integration of children with special needs.

B. Structures routines for maximal social participation.

C. Provides modeling and guidance through activities that promote social integration.

III. Using positive behavioral supports

A. Uses a consistent behavioral support system that accommodates developmental differences.

B. Redirects inappropriate and detrimental behaviors in a positive manner.

C. Reinforces and encourages appropriate behavior in the group and among individuals.

D. Plans and implements social skills instruction

IV. Assessing and monitoring progress

A. Measures and documents the child's progress.

B. Reassesses and adjusts program at appropriate times.

V. Communicating with families

A. Includes the family in planning.

B. Informs the family of the child's progress and classroom performance.

C. Maintains a positive professional relationship.

VI. Collaborating with other professionals

A. Accesses appropriate resources or training in response to child or program concerns

B. Implements and evaluates recommendations requested by other professionals

C. Participates and cooperates as part of the intervention team

I. COMPETENCY: INDIVIDUALIZING INSTRUCTION

A: PLANS INSTRUCTION WITH REGARD FOR INDIVIDUAL NEEDS

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
No plans are made to accommodate individual needs	Planning is rare, occurring only occasionally and without regard to specific needs of the child.	Plans are comprised of long term goals, without specification of short term objectives or activities needed to attain them.	Planning includes long term goals and short term objectives. Specific criteria and related services are not included.	Planning includes present level of functioning, goals and objectives, special services needed (with dates of duration) and measurement criteria for acquisition of goals and objectives.
COMMENTS:				

B: STRUCTURE INDIVIDUALIZATION THAT IS APPROPRIATE TO THE CHILD'S ABILITIES

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
No attempt to individualize is evident.	Little individualization of activities or tasks is planned. Programming varies only slightly from that of other children.	Some individualization is provided for the child. The physical setting may be altered and additional programming for any self-help needs in included.	Individualization of tasks and activities is planned for the child's formal learning and any additional self-help needs.	Individualization of activities and tasks is incorporated throughout the day in all areas of the child's program.
COMMENTS:				

COMPETENCY: INDIVIDUALIZING INSTRUCTION (CONTINUED)

C: PROVIDE AN OPPORTUNITY FOR ACQUISITION AND PRACTICE OF SKILLS.

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
Both skill acquisition and practice are planned with no additional opportunity for reinforcement.	Skill acquisition is structured and rigid. Additional or supplemental practice of skills is minimal and not encouraged.	Opportunities for skill acquisition and practice are provided, however, both are highly structured.	Skill acquisition and practice is provided during each day. Opportunities tend to be structured and planned much more than unstructured or spontaneous.	Many opportunities for acquisition and practice of skills are incorporated throughout the day across a variety of settings. Practice is structured and unstructured with both encouraged and fostered.
COMMENTS:				

D: PROVIDES ASSISTANCE AND REINFORCEMENT TO INDIVIDUALS

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
Little or no reinforcement is given.	Positive reinforcement is minimal. Assistance is inappropriate.	The children receive inappropriate assistance because expectations are not the children's level (too high or too low). Positive reinforcement in evident.	Assistance is available for the child when it's needed and expectations are appropriate. Positive reinforcement occurs occasionally.	Assistance is given when needed and positive reinforcement is continuous. Independence is encouraged and expectations are appropriate.
COMMENTS:				

II. COMPETENCY: SOCIAL INCLUSION

A: PLANS OPPORTUNITIES IN THE CLASSROOM FOR ALL CHILDREN TO PARTICIPATE

(Circle the number corresponding with observed or evident practices)

1 No plans are made for socialization.	2 Planning for social inclusion is poorly conceived, with no specific plans for socialization; occurrence is unstructured.	3 Plans occasionally include social skill integration during both free and instructional time.	4 Plans for instructional time (formal instruction) include integration of social skills.	5 All activities utilize a specific plan to include the special needs child socially.
COMMENTS:				

B: STRUCTURES THE ROUTINE AND PROVIDES ACTIVITIES FOR MAXIMAL SOCIAL PARTICIPATION OF SPECIAL NEEDS CHILDREN IN THE CLASSROOM.

(Circle the number corresponding with observed or evident practices)

1 No plans are made in the day's routine for specific social integration activities.	2 Social interaction is possible in the classroom, but staff only plans for one or two of the criteria specified.	3 Programming for the day fosters social interaction through three of the five criteria listed.	4 Programming for the day is structured to facilitate social interaction. Four of the criteria are met.	5 The environment and programming are structured to accommodate various socialization activities throughout the day. **Criteria include: preparation of materials, transitions from one activity to another, setting the environment to accommodate interaction, structuring interactions for small and large groups.**
COMMENTS:				

COMPETENCY: SOCIAL INCLUSION (CONTINUED)

C: PROVIDES MODELING AND GUIDANCE THROUGH ACTIVITIES THAT PROMOTE SOCIAL INTEGRATION

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
None of the four criteria are utilized to facilitate social integration.	Attempts for social integration are minimal, with the teacher only using one of the four stated criteria.	Social integration in the classroom is influenced through the teacher's use of two of the four stated criteria.	The teacher attempts to foster positive social interaction with peers by utilizing three of the four stated criteria.	The teacher makes efforts to model social integration techniques during daily instruction. **Criteria for such integration include: A positive attitude toward all children, making efforts to address each special child by name in activities, praising children who attempt to socially interact or include the child with special needs modeling specific lessons to facilitate social integration in a group.**

COMMENTS:

III. COMPETENCY: POSITIVE EMOTIONAL AND BEHAVIORAL SUPPORT

A: USES A CONSISTENT BEHAVIORAL SUPPORT SYSTEM THAT ACCOMMODATES DEVELOPMENTAL DIFFERENCES.

(Circle the number corresponding with observed or evident practices)

1 No organized system of behavioral support is established or utilized.	2 The system is largely inappropriate and/or implementation tends to reinforce undesired or nonfunctional behavior.	3 A system is utilized, however, some expectancies may be inconsistent &/or unnecessary, & developmental differences tolerated vs. appreciated.	4 An appropriate system is utilized daily in the classroom with minor lapses in consistency. Expectancies are generally clear and realistic.	5 A developmentally appropriate behavior support system is established and utilized daily with consistency. Limits/expectancies are based on functional goals for each child. Punishment is rare
COMMENTS:				

B: REDIRECTS INAPPROPRIATE OR DETRIMENTAL BEHAVIORS IN A POSITIVE MANNER

(Circle the number corresponding with observed or evident practices)

1 No attempt is made to redirect inappropriate behavior.	2 An attempt is made to redirect inappropriate behavior, but the manner is not positive. No attempt is made to facilitate self-control in the child.	3 Inappropriate behavior is redirected in a positive manner, but no attempt is made to facilitate self-control in the child. The adult serves as the only controlling factor.	4 Inappropriate behavior is redirected in a positive manner to appropriate behavior. The adult may be controlling, with some attempt made to facilitate self-control in the child.	5 Inappropriate behavior is redirected in a positive manner to appropriate behavior. The focus is on the facilitation of self-control and promotion of social/emotional growth.
COMMENTS:				

COMPETENCY: POSITIVE BEHAVIORAL SUPPORT (CONTINUED)

C: REINFORCES/ENCOURAGES APPROPRIATE BEHAVIOR IN GROUP AND INDIVIDUALS

(Circle the number corresponding to observed or evidenced competencies)

1	2	3	4	5
No evidence of praise or reinforcement of appropriate behavior.	Little evidence of praise or reinforcement of appropriate behavior. Equal or more amounts of attention are given for inappropriate behavior.	Positive reinforcement of appropriate, most important, target behaviors. Overall tone of setting is usually positive.	Positive reinforcement of all important behaviors for individuals is evident, though there are lapses in consistent and meaningful implementation for children with special needs.	Positive reinforcement of appropriate behavior for group and individual children at different levels is a priority. Use, meaningfulness and consistency are obvious.

COMMENTS:

D: PLANS AND IMPLEMENTS SOCIAL SKILLS INSTRUCTION

(Circle the number corresponding to observed or evidenced competencies)

1	2	3	4	5
No evidence of teacher directed social skills instruction as a planned or informal part of the program.	Little evidence of formal or informal social skills instruction. Teacher may inconsistently or fail to model behaviors requested of children.	Instruction in appropriate social skills is evident for group with some attention to individual needs. Teacher occasionally uses peer models and self to demonstrate correct skills.	Instruction in particular social skills is done mostly in naturally occurring situations. No clear goals or planning evident; however, many practical skills are promoted daily through positive models.	Social skills instruction is carefully planned and implemented daily to promote appropriate skills that might be delayed or deficits, e.g. turn taking, helping. Modeling & practice are used frequently in planned and unplanned situations.

COMMENTS:

IV. COMPETENCY: ONGOING ASSESSMENT

A: MEASURES AND DOCUMENTS THE PROGRESS OF A CHILD

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
No attempt is made to measure the progress of the child.	Student progress is noted only informally and not recorded for future reference.	An established system exists but it is not used consistently. Observations or progress notes are taken only on occasion.	An established system for recording progress is utilized frequently but not daily.	A system of monitoring the progress of the child is established and followed daily. The system includes checklists, anecdotal notes and other observations on progress.

COMMENTS:

B: REASSESSES AND ADJUSTS PROGRAM AT APPROPRIATE TIMES

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
No attempt is made to reassess or adjust the child's program.	Little attempt is made to record the child's present needs.	Strengths, weaknesses and accomplishments are not noted systematically so adjustment to the program cannot be conducted as needed. Observation or notation of change or need is incidental and inconsistent.	The child's present level of functioning is observed frequently. Skill accomplishment is noted on the child's plan.	Strengths and weaknesses of the child are noted and monitored. The child's program reflects his present level of functioning so goals and objectives are adapted for newly identified needs. Reassessment is conducted informally when needed.

COMMENTS:

V. COMPETENCY: COMMUNICATION WITH FAMILIES

A: INCLUDES THE FAMILY IN PLANNING

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
The family is excluded from planning and involvement in program implementation.	Family input is requested initially, but not optimally used in the planning process. Attempts are not made to ensure family involvement in the implementation of the child's program.	The family is included in the implementation of the goals set for their child. Only initial input is requested and incorporated.	Input from the family is requested. The family is included in the implementation of the goals set for their child.	The concerns and needs of the family are acknowledged and addressed. The family is included in the initial and ongoing planning and implementation of their child's program. Support is given to the family in order to maximize their feelings of competence in working with their child.

COMMENTS:

B: INFORMS THE FAMILY OF THE CHILD'S PROGRESS AND ACTIVITIES

1	2	3	4	5
Little or no attempt is made to communicate with parents or family.	There is no established system for keeping and relaying information. Parents are rarely contacted; any communication is through planned conferences or to report negative classroom behavior.	Parents and family are given information about their child on occasion but without regard to an established system.	Notes or records are kept on the child and shared frequently with the parents. Staff is accessible to parents for information.	There is an established system for keeping records of the child's health and activities. The staff follows the system and shares information daily with parents. The staff helps parents anticipate levels of development to occur and support them in handling change.

COMMENTS:

COMPETENCY: COMMUNICATING WITH FAMILIES (CONTINUED)

C: MAINTAINS A POSITIVE PROFESSIONAL RELATIONSHIP

1	2	3	4	5
A negative or nonprofessional relationship exists.	Parents are often made to feel isolated from their child's experiences because the staff appears unresponsive and inaccessible. The professional relationship is poor.	A relationship exists but it may be tenuous at times due to inconsistent mutual respect.	The staff is accessible to parents and treats them in a positive manner. Family choices or beliefs may not always be respected by the staff.	The family and staff work in partnership; the staff treats the family with dignity, acknowledging their vital importance in the child's life. The staff actively listens to the parents and tries to honor their choices. Mutual respect is apparent.
COMMENTS:				

VI. COMPETENCY: COLLABORATING AND COORDINATING WITH OTHER PROFESSIONALS

A: ACCESSES APPROPRIATE RESOURCES OR TRAINING IN RESPONSE TO CHILD OR PROGRAM CONCERNS
(Circle the number corresponding to the observed or evident practices)

1	2	3	4	5
Depends entirely upon others, e.g. supervisor, to identify needs and solutions, including personal training needs. Low interest in training or change.	Occasionally seeks assistance or information about a program or child concern. Resources are obviously underutilized.	Usually identifies and obtains resources or training for important needs. There is recent evidence of at least one self-initiated modification or improvement using resources.	Most child & program needs are resolved through appropriate use of resources & training. May not be fully aware of resource choices & fail to obtain services in a timely manner.	Engages in ongoing self and program evaluation and communicates needs in a timely manner. Actively seeks & obtains appropriate resources or training, as available.
COMMENTS:				

COMPETENCY: **COLLABORATING AND COORDINATING WITH OTHER PROFESSIONALS (CONTINUED)**

B: IMPLEMENTS AND EVALUATES INTERVENTIONS REQUESTED BY OTHER PROFESSIONALS

(Circle the number corresponding to the observed or evident practices)

1	2	3	4	5
Little follow through due to a variety of controllable reasons. Low appreciation/ understanding of purpose of requests.	Inconsistent implementation of requests with minimal useful evaluation, or evaluation is slow to be communicated. Others may have to frequently encourage implementation.	Usually responds cooperatively to requests, but may need to be reminded or assisted. Evaluation of usefulness or impact may lack depth and detail, but essential information is always reported.	Usually cooperates well with all requests & recommendations. May overlook minor information or requirements needed for implementation & evaluation.	Cooperates fully with careful implementation of recommendations. Evaluates and objectively communicates the results of efforts in a thoughtful and timely manner.
COMMENTS:				

C: PARTICIPATES AND COOPERATES AS PART OF THE INTERVENTION TEAM

(Circle the number corresponding to the observed or evident practices)

1	2	3	4	5
Efforts to participate on team not evident. Little knowledge of what others are doing. Rarely communicates with other professional team members.	May meet with other professionals involved with child but rarely contributes information or suggestions. Takes a passive role. Limited understanding of roles of the team members.	Is aware of major roles of team members. Has contact with them to discuss progress at least every two weeks. Makes some attempt to coordinate efforts. May not share an equal role in decision making.	Meets at least weekly with team members. Clear understanding of members' roles & responsibilities and coordinates some activities. Evidence of active support as part of a concerted team effort is not clear.	Is aware of all goals and objectives for child and who is responsible. Meets frequently with team members and assists with decision making. Coordinates activities and supports others on team. Team spirit is evident.
COMMENTS:				

Day Three
Participant's Notebook

DAY 3

Building Opportunities:
Supporting Inclusion
Through Consultation Services

AGENDA
BUILDING OPPORTUNITIES
(INSERT DATE HERE)

8:30 **The Foundation for Supporting Inclusion**
- Overview of "Shared Opportunities"
- What makes inclusion work?
- Competencies for inclusion
- The Consulting Relationship: Age, Stage, and Style

10:00 **Break**

10:15 **The Frame**
- Stages of Professional Development
- Assessing Stages and Formulating Strategies

The Skilled Labor
- Portraits
- Coaching

12:00 **Lunch**

1:00
- Coaching Demonstration/ Practice & Feedback
- Modeling
- Co-teaching

2:45 **Break**

3:00 **The Team as Architects & Builders**
- Goal Setting and Prioritizing
- Developing a Consultation Plan

4:30 **Taking it Home**

5:00 **Adjourn**

CRITICAL COMPETENCIES FOR INCLUSION: 3-5 YEAR OLDS

I. Individualizing instruction

A. Plans the instruction program with regard to the child's individual needs.

B. Structures individualization appropriate to the child's abilities.

C. Provides individual child many opportunities for acquisition and practice of skills.

D. Provides assistance and reinforcement of skills.

II. Promoting social integration

A. Plans and provides activities for social integration of children with special needs.

B. Structures routines for maximal social participation.

C. Provides modeling and guidance through activities that promote social integration.

III. Using positive behavioral supports

A. Uses a consistent behavioral support system that accommodates developmental differences.

B. Redirects inappropriate and detrimental behaviors in a positive manner.

C. Reinforces and encourages appropriate behavior in the group and among individuals.

D. Plans and implements social skills instruction

IV. Assessing and monitoring progress

A. Measures and documents the child's progress.

B. Reassesses and adjusts program at appropriate times.

V. Communicating with families

A. Includes the family in planning.

B. Informs the family of the child's progress and classroom performance.

C. Maintains a positive professional relationship.

VI. Collaborating with other professionals

A. Accesses appropriate resources or training in response to child or program concerns

B. Implements and evaluates recommendations requested by other professionals

C. Participates and cooperates as part of the intervention team

Competencies

List three essential competencies of your current job:

1.

2.

3.

List three topics that you would like to learn more about this year:

1.

2.

3.

Do you have preferences for how you would like to learn about these topics?

Ask yourself:

Have you experienced any important changes in the last year?

Do you feel the same about your job this year as you did last year?

Why Assess Adult Characteristics?

To. . .

- establish a starting point
- establish rapport
- assist in plans for growth
- anticipate needs
- keep the assistance relevant and supportive

Life-Cycle Phases

Instructions: Pick the set of descriptors that best describes your activities in the last year.

Left home
established new living arrangements
entered college
started first full time job
selected a mate

married
established a home
became a parent
got hired/fired/quit job
joined community activities

established children in school
progressed in career or considered a change
possible separation, divorce or remarriage
possible return to school
set long term goals

received a crucial promotion
broke with mentor or dependent ties with boss
responsibility for three generations: children, self, aging parents
empty nest concerns
if tendency to be dependent, become more assertive; if aggressive, more nurturing

capped career
became a mentor
launched children: became a grandparent
developed new physical limitations
more active participation in community

possible loss of mate
increased health problems
preparation for retirement in next few years

retirement
marked physical decline
death of friends/spouse
major shift in daily routine
change in finances

Cross, K. P. (1981). *Adults as learners.* San Francisco: Jossey-Bass.

A Quick Test of Me

Notes:

Description of the Stages of Professional Development Survey
(Katz, 1972; Parsons & Meyers, 1984)

A. Survival Stage

B. Consolidation stage

C. Renewal stage

D. Maturity stage

LEVELS OF USE

Non-Users (This person is usually at the personal concerns stage)

0.	Non-use
I.	Orientation
II.	Preparation

Users

III.	Mechanical use (This person is concerned about management issues; this stage is like the Survival Stage)
IV A.	Routine use (Consolidation)
IV B.	Refinement (This person focuses concerns on impact)
V.	Integration (Maturity)
VI.	Renewal

WHAT CONSTITUTES USE?

Example

Practice: Low Fat Diet

Do you follow a low fat diet?

CRITERIA

1. Daily intake of fat does not exceed 20% of total calories

2. Maintained this level for at least one month

3. "Fall off the wagon" no more than two days a month

Does the criteria that defines use change your response?

SITUATIONS AND SUGGESTIONS

Although a key principle for achieving success in inclusion is to work with individuals who are willing to learn new ways of doing things, it is not always going to be the case. The consultant should change approaches to fit the maturity or stage of development of the consultee, and the willingness to learn. The more mature and willing, the less structure and support is needed. This information should be carefully considered in selecting approaches.

Try this if ....

Person is unable and unwilling. Consultant uses a high task and low relationship approach for inexperienced and insecure consultees with weak motivation for the innovation. He/she needs a great deal of information, modeling and close monitoring.

Person is unable but willing. Consultant approach is high task, high relationship for inexperienced person with a positive, well motivated attitude. He/she needs less supervision, but just as much information and coaching as in the first example.

Person is able but unwilling. Consultant uses a high relationship, low task approach. Person has the skills needed, but is insecure or less motivated. The consultant should encourage sharing of ideas and accomplishments. Consultant opens the door and supports efforts to use the abilities already present. A supportive, non-directive style is recommended as most effective.

Person is mature in ability and confidence. Consultant uses a low relationship, low task approach. Consultant and consultee roles are interchangeable. Consultant provides little direction or support as psychologically mature consultees do not need above average amounts of two-way communication to carry out plans.

(Source: Idol et al., 1986; Hersey & Blanchard, 1982)

During the assessment phase, the teacher's readiness and willingness to enter into a consultant/consultee relationship was determined. This is a key step and may involve a variety of actions. Obviously, if the teacher is not ready for a relationship at this point the consultant must take the time and necessary steps to develop better rapport before proceeding. If the teacher is at the level of a social relationship only then the consultant must move toward discussions of work-related issues (Cherniss, 1984). If the teacher is not ready for a consultant relationship then action must be taken to develop that level of relationship before moving on to the Professional Development Plan. It may be necessary at this point to determine if a different setting or teacher may be more appropriate. When the teacher is ready to enter into the consultant/consultee relationship it is time to interpret assessment data concerning the consultee's stage of professional development and learning stage. Again this is paramount in the success of the consultation/coaching process. Where to begin and how to proceed are dependent on the teacher's current level of professional development.

PORTRAIT

Name: Nathan Lyons

Discipline: Early childhood educator, 2 years

Life Phase: Age 24, Moving into the adult world

Personality Type: Free Spirit

Stage of Professional Development for inclusion: Consolidation

As he begins his third year of teaching this teacher feels confident with his skills in planning and implementing curriculum. He has been taking college coursework leading to a B.A. in Education since his first year of work in the early childhood center. During the previous school year a child in his class was identified as in need of special services. That experience which included pull out services for the child from a variety of individuals encouraged Nathan to include special education courses in his college program during the summer months. He enjoys the involvement of other adult professionals in his classroom and is enthusiastic about incorporating ideas and suggestions. He sometimes has a tendency to go overboard with suggestions, generalizing for all the children strategies that are intended to be used with one. He is popular among the staff and his open and positive attitude towards including children with disabilities has influenced other staff members. He hopes to eventually move into an administrative position and enjoys the opportunity to make himself visible throughout the professional community. He expects others to be as enthusiastic and achievement driven as himself and can be impatient with individuals who are less decisive and focused.

Suggestions for consultants:

PORTRAIT

Name: Mary Jones

Discipline: Early childhood educator, 10 years

Life Phase: Age 42. Becoming one's own person

Personality Type: Producer

Stage of Professional Development for inclusion: Survival

Already a very organized, dependable person, this teacher has a clear sense of who she is, what she believes and doesn't believe. The philosophy of inclusion fits with her own and she has asked to have Ricky, who has Down Syndrome, in her room. She wants to get a handle on effective strategies to include him as quickly as possible. She wants a brass tacks, no-nonsense expert consultant to give her the information and skills she needs, but wants little interference in how she implements practices and certainly very few changes to her curriculum. In other words, she expects significant control in the decision making. She expects her team of supporters to be focused and efficient, to make and keep appointments.

Suggestions for consultant:

PORTRAIT

Name: Carol Hancock

Discipline: Early Childhood Educator, 18 years

Life Phase: Age 52, Settling Down

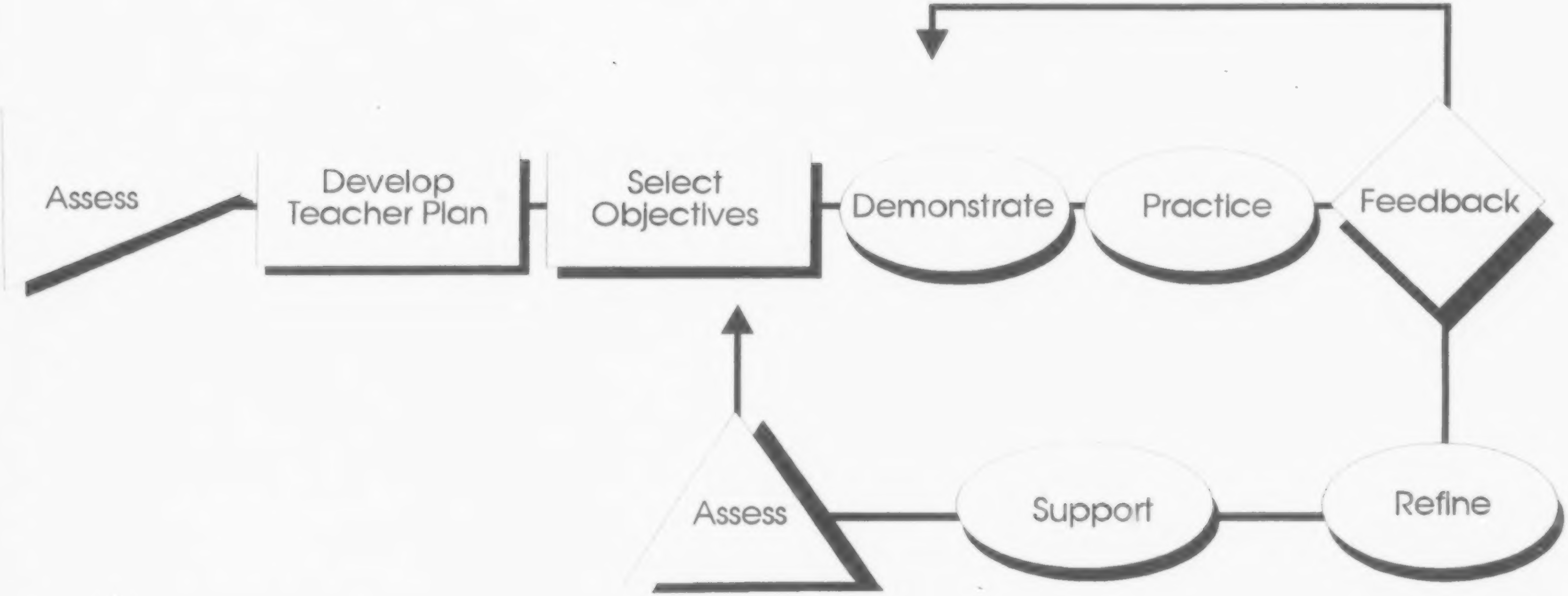
Personality Type: Peacemaker

State of Professional Development for inclusion: Renewal

Carol started teaching in a local early childhood program when her youngest child began kindergarten. She is a well respected member of the staff who is looked to for training and supporting new staff. Her classroom was the first in her center to include children with disabilities. Disabilities up to this point have been speech only. She has a good relationship with the Speech therapist that comes into the center and has worked with her to develop activities that target individual child needs. As she has matured as a teacher she has focused less on classroom materials and child "products" and more on the value of the children's daily experience. She has become interested in the effects of delayed language on the children's social development and would like to incorporate more social and play goals into her curriculum. She wants direction in how to accomplish this. She wants a consultant that shares her nurturing approach with the children and will respect her experience knowledge.

Suggestions for consultant:

The coaching cycle



Assess

Develop Teacher Plan

Select Objectives

Demonstrate

Practice

Feedback

Refine

Support

Assess

THE COACHING PROCESS

Preliminary planning

1. Analysis of all assessment data
2. Identification and operationalization of training objectives (PDP)
3. Collection of baseline data

Trial and evaluation

4. Demonstration in the setting of all strategies and techniques to be used (PDP field validation)
5. Collaborative critique and refinement of the PDP
6. Review of baseline data and additional collection if needed

Discrete skill training

7. Verbal explanation of and rationale for the specific skill (steps and critical components are delineated)
8. Demonstration of the desired skill by the coach in the natural environment
9. Teacher practice of the desired skill with guidance
    a. Optional simulated setting (e.g. trainer role plays the child)
    b. Natural setting
10. Discussion and feedback following the training session
11. Written feedback and information left with teacher

Maintenance and Support

12. Monitoring of progress
13. Refinement of skills through coaching and team teaching
14. Support of correct practice through team discussion and problem solving

OBSERVATION CHECKLIST
Goal : Signing Simple Words

1. Ensure that the object or situation that the word represents is visible to the child, but out of reach.
2. Ask the child, "What do you want?"
3. Wait for a response. If no response, go to step four.
4. Model the sign and verbally produce the word.
   Example: Cookie: and sign the word cookie.
5. Wait for a response. If no response, go to step six.
6. Encourage child to imitate. Example: "You do it."
7. Physically prompt the child to form the sign, if necessary.
8. Give child what is requested and offer praise.
9. Gradually fade the assistance needed to sign. Example: When the child signs on his own, fade the physical prompts and continue with verbal prompts.
10. Encourage and reinforce any vocalizations and signs.

OBSERVATION CHECKLIST

Steps	Date	Date
1. Arranges Environment		
2. Gives Cue		
3. Waits for response		
4. Models sign with verbal		
5. Waits for response		
6. Encourages imitation		
7. Physically prompts		
8. Reinforces		
9. Fades assistance		
10. Encourages verbalization and sign		

OBSERVATION CHECKLIST
Goal: Count three objects

1. Present 3 objects that are identical in shape, form, color, size, etc.

2. Place more than 6 of them in a pile between you and the child.

3. Count 3 items out one-by-one and place in front of you.

4. Have child count out 3 items aloud and place in front of her.

5. Repeat task, changing only 1 attribute at a time. Attributes include: size, color, shape, i.e. 3 red circles different sizes, or 3 items different colors all the same size and shape

6. Repeat task changing 2 attributes

7. Praise

Steps	Date	Date
1. Arrange items		
2. Count 3 items aloud, moving them in front of child.		
3. Child counts and moves 3 items.		
4. Repeat task until mastered.		
5. Repeat task, changing 1 attribute.		
6. When mastered change 2 attributes.		
7. Praise.		

COMMENTS:

Move to #6 only when child has mastered #5.

OBSERVATION CHECKLIST
Goal: Standing up from chair to walker

1. When the class is transitioning to another activity (preferably outside) make sure the walker is positioned in front of Raymond and that he is seated in a straight-backed chair.

2. Say "Push your chair back and stand up."

3. WAIT: Remember it takes time for him to respond.
   Stabilize walker with light touch.

4. Remind him to keep feet flat and grip with thumbs in correct position.

5. Wait for response.

6. Use hip touch and verbal cue for turn in walker.

7. Wait for response and give verbal feedback.

Steps	Date	Date
1. Arrange environment		
2. Give verbal cue		
3. Wait for response; feedback		
4. Prompt correct posture		
5. Wait for response		
6. Hip touch and verbal cues for turn		
7. Wait for response and give verbal feedback		

COMMENTS:

OBSERVATION CHECKLIST

Goal:

Steps	Date	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Comments:

THE COACHING SESSION

EXPLANATION

1. State why technique is useful.
2. Discuss observation checklist items.
3. Keep explanation brief.
4. Review points.

DEMONSTRATION

1. Ensure the attention of the observer.
2. Maintain a natural and flexible style.
3. Be credible.
4. Emphasize or repeat points.
5. Use cues.
6. Encourage questions.

PRACTICE

1. Observe practice.
2. Individualize guidance.

FEEDBACK

1. Use feedback to facilitate and support.
2. Give formal feedback following practice.
3. Develop teacher independence.
4. Begin objective feedback with self critique.
5. Problem solve difficulties together.
6. Plan practice and future training.

CUES

Positive/Guiding Signal	Message
Nod & smile	"you've got it, okay"
Thumb up	"great"
Thumb and finger in circle	"perfect"
Silent clapping	"excellent"
Point (head, finger, eyes)	"do or remember this"
Touch	"do this"
Circling fingers or hand	"continue, move on"
Palm down hand bounce	"quieter"
Finger to ear & point	"listen to ----"
Finger to eye & point	"watch, look at -----"
Finger tap to temple	"think"

Negative/Corrective Signal	Message
T with hands (referee)	"time out/stop"
Frown	"what are you doing?"
Hand to chin, thinker pose	"I'm not sure about this"
Shake head	"not now, not right"
Finger over lips	"too much talk"

Some Invented Signals	Message
Fingers in +	"give positive reinforcement"
Cupped hands together	"shape the response"
Sign "p"	"prompt"
Palms up & shrug & point	"ask -----"
Finger pointing down	"drop lower, easier"

Prepare the teacher to watch for these signals and demonstrate them prior to practice. **Always let the teacher decide if the signals will be helpful or a distraction.** Some teachers may prefer to go through the skill with no prompting and then get feedback. It is important to allow the person to learn and practice new skills holistically.

Some investigators have found that the ratio of negative to positive feedback needs to be one to five when working with most teachers (Knoff, 1990). Others have suggested a lower ratio, but the essential point to remember is positive feedback should exceed negative. Focus on the positive, especially when giving signals and in the first trials. The coach should use the concept of successive approximations and build on what is present and correct versus focusing on what is not. Fade the frequency, immediacy, and strength of the prompts with successive practice and encourage the teacher to self-evaluate.

GIVING AND RECEIVING FEEDBACK

1. Effective positive feedback is informative, pleasing and motivating. In order to meet these criteria, positive feedback should be:
    a. specific.

    b. appropriately timed (to increase a skill that is being learned the feedback should be immediate, to provide feedback on attitudes or concepts it might be more productive to remark "I keep thinking of your comments last week about transition. It really made an impression on me. I think you've hit on something. Let's talk about it some more."

    c. in keeping with the professional maturity and needs of the individual. Pointing out skills that are unimportant to the consultee (you spelled every word in your report correctly!) will quickly send the signal that you are out of touch with their needs, or sarcastic, or manipulative.

    d. genuine.

    e. not effusive, but more frequent positive than negative feedback.

2. Effective negative feedback is presented in a similar fashion. That is, it is specific, appropriately timed and genuine. Since negative feedback can be threatening, the consultant must have established sufficient rapport and expectancies that this is part of the learning process. Remember to:

    a. model constructive self-criticism and a desire to improve, always be able to laugh at your mistakes. Use appropriate humor whenever possible. Take responsibility for being unclear or confusing as a coach (it happens!);

    b. seek out corrective feedback for yourself from others;

    c. only give negative feedback when it can be corrected;

    d. be tactful, pair it with positive if possible ("Your first activity with John seemed to go much more smoothly than the second.....The way you took advantage of John's interest in the texture of the paints was good, have you thought about watching for these interest opportunities during outdoor play");

    e. use objective data from observations that have been mutually designed; and

    f. keep to topics relevant to the consulting need. Clarify with administrators how legal or ethical dilemmas should be handled. Consultants must always adhere to the highest standards of ethical conduct as representatives of their profession, and take personal responsibility for resolving conflicts and ethical concerns.

SUGGESTING versus TELLING

A more directive approach to facilitation that stops short of telling the teacher what to do is a diplomatic suggestion. Although the consultant should encourage the teacher to arrive at his or her solutions, sometimes the teacher will simply not have enough expertise to arrive at a satisfactory solution. In such cases the consultant may say:

Have you thought about . . . ?

Some teachers have found that _______ has been helpful.

Another way might be . . .

We might want to try . . .

What if we did it this way . . . ?

What would happen if . . . ?

THE CONSULTATION PLAN

Teacher____

Consultant____

1. What are the teacher's primary concerns and interests?

2. What additional knowledge, if any, is needed for the teacher to have a clear and relevant understanding of the child's abilities, experiences, home environment and developmental expectancies?
   Note each topic and rate as: 1 (essential), 2 (important), 3 (helpful)

3. What additional knowledge, if any, is needed for the teacher to have a clear understanding of the purposes and benefits of early intervention for this child in this setting?
Again, rate from 1-3.

4. a. If this is a new placement, what are the skills or accommodations needed to ensure the child's safety and health? For example, are changes needed in the environment? What about toileting? positioning? feeding?
Rate each need from 1-3.

b. What knowledge or skills are needed to communicate with the child? Is the teacher able to understand communication of basic needs?
Rate each need from 1-3.

c. What knowledge or skills are needed to establish positive guidance and a cooperative relationship with the child?
Rate each need from 1-3.

d. What knowledge or skills are needed to ensure social acceptance of the child? Do the other children need to be prepared? The other staff? the families?
Rate each need from 1-3.

5. Look at the individual goals and objectives for the child that have been developed for the IEP or IFSP. Where are the priorities from the perspectives of the different team members, especially the family? Prioritize the objectives as much as possible (perhaps using notecards). Some may have equal rankings.

6. Using the information from #1 through #4, list on a separate sheet or on notecards the essential knowledge or skills adaptations needed. Beside each item indicate a deadline for when this need must be met. Then note approximately how much time would be required to complete it, i.e. 1 hr day/4 days. Group those activities that can be worked on as a unit, and re-calculate time as needed.

7. Next, using a team problem solving method, go through the prioritized objectives (#5) and carefully select methods that can be effectively used in the setting to meet these objectives. Indicate a deadline for when these methods need to be in place and how long you estimate it will take to coach the teacher if that is needed. Integrate this list with the first list (#6).

8. Develop the plan using timelines established throughout this planning and evaluation process.

9. Finally, note any task assignments to consultant(s) and consultee, family, or any other team members of resources to be used. In other words, list who will do what.

10. Identify other resources.

It is important to identify and access all available resources both material and human. Material resources may come from other classrooms, public libraries, and local resource centers. Human resources range from peer teachers, administrators, other children in the classroom to related service providers (i.e. Speech/Language Pathologist, Physical Therapist Occupational Therapist, etc.).

11. Select a method of evaluating outcomes

Determine how you will evaluate attainment of each objective. Plan to use a variety of methods as one method may not be appropriate for every objective. Pre - post tests may be appropriate for workshops presenting knowledge based information but would not be used for evaluating a coached skill such as transitioning from a walker to a chair.

TIPS FOR SUCCESS

Remember . . .

Don't develop a consultation plan without assessing the consultee's readiness and willingness to enter into the relationship. You must must ask what is wanted, what the priorities are and you must listen. If consultation is wanted, then you must respond in a direct way. The plan helps to clarify what that way will be.

Always keep in mind the personal characteristics and stages of the consultee when selecting approaches. Assure safety and confidentiality for any potentially threatening experiences.

Listing all of the objectives on note cards coded by priority level is helpful in organizing sequences. These can be laid out and shuffled around to get a workable plan of action.

The interventions and methods to be implemented should be tested and validated cooperatively prior to coaching the teacher in any new skills.

Begin task analyzing any strategies and methods to be coached. Each analysis will become an observation checklist to be used to assist the coaching process.

Consider beginning with adaptations that could be easily or quickly made or particularly useful ideas that can be implemented that would establish the consultant's credibility and helpfulness.

Keep the vision and goals always apparent.

Do not include on the plan basic skills needed to provide a typical, developmentally appropriate program. These skills are to be assessed or identified as acceptable prior to focusing on effectively including a child with special needs. Certainly there will be practices that need to be improved, but these skills should be supervised and developed primarily by the center director, CDA trainer, etc. A special services consultant should be part of the planning and support these other training goals, but the primary responsibility for these skills should rest with immediate supervisors.

CONSULTATION PLAN

Date:	September 1994	Consultee:	Ann Smith
Center:	ABC Childcare	Consultant:	Jane Johnson

Goal: Implement a plan to prepare children, staff, and parents for inclusion of John.

Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved
1. Conduct an awareness campaign for staff and families of enrolled children.	1a. Meet with Ms. Smith and family to develop ideas for awareness. 1b. Provide tapes, print material as requested. 1c. Assist	9/5 - 9/20	Log	
2. Conduct preparation activities for class.	2a. Meet with Ms. Smith to share ideas for activities. 2b. Assist with presentation or conduct if requested. 2c. Provide appropriate books, videos, and puppets. 2d. Arrange for John to visit briefly.	9/5 - 9/20	Log	

CONSULTATION PLAN

Date: September 1994
Consultee: Ann Smith

Center: ABC Childcare
Consultant: Jane Johnson

Goal: Develop a clear understanding of John's current abilities, needs and expectancies.

Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved
1. Demonstrate accurate knowledge of cerebral palsy.	1a. Provide NICHCY handout on cerebral palsy. 1b. Meet with Mrs. Smith and family to clarify current level of functioning.	9/1 - 9/15	Pre-post self assessment	
2. Demonstrate accurate knowledge of John's approximate level of development in areas of self-help, social, cognition, and communication	2. Meet with Mrs. Smith and family to clarify current level of functioning.	9/15 - 9/20	Satisfaction survey	
3. Demonstrate accurate knowledge of John's motoric capabilities and limitations.	3. Conference with occupational therapist.	9/6 - 9/20	Focused interview	

CONSULTATION PLAN

Date:	September 1994	Consultee:	Ann Smith
Center:	ABC Childcare	Consultant:	Jane Johnson

Goal: Develop a clear understanding of John's current abilities, needs and expectancies (continued).

Objective	**Consultation Method**	**Timeline**	**Evaluation Method**	**Dates Achieved**
4. Demonstrate realistic expectancies of short and long range goals.	4. Conduct a collaborative goal-setting meeting.	9/5/ - 9/15	Focused interview	
5. Develop a plan to accommodate John's basic health and safety needs (i.e., toileting, feeding, seating).	5. Conduct planning meeting with interdisciplinary team.	9/5 - 9/15	Log	
6. Effectively implement initial plan with minimal anxiety.	6. Assist in classroom and coach in essential skills for at least two days.	Entry date + one week	Observation Checklist	
7. Identify "back-up" resources for crises.	7. Meet with director to establish permanent acceptable system for obtaining assistance in a timely manner.	9/15 - 9/30	Satisfaction Survey Log	

CONSULTATION PLAN

Date: September 1994

Consultee: Ann Smith

Center: ABC Childcare

Consultant: Jane Johnson

Goal: Plan many opportunities throughout the day to implement IEP.

Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved
1. Develop and use a planning sheet for noting opportunities to address key priorities.	1a. Provide models of schedules noting IEP objectives. 1b. Attend meeting with Ms. Smith to observe.	9/25 - 10/15	LoU Interview Observation	
2. Demonstrate incidental teaching procedures during various routines and activities.	2a. Share video. 2b. Coach the use of the planning sheet in conjuction with incidental teaching procedures.	9/30 - 11/15	Observation Checklist Critical Competencies Scale	

CONSULTATION PLAN

Date: September 1994

Consultee: Ann Smith

Center: ABC Childcare

Consultant: Jane Johnson

Goal: Identify role on Intervention team and actively participate in decision making.

Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved
1. Attend a team meeting regarding a child.	1a. Meet and explain the team process to Ms. Smith.	9/10 - 9/30	Log	
	1b. Attend meeting with Ms. Smith to observe.	9/15 - 9/30		
2. Demonstrate accurate knowledge of team process.	2a. Provide with reading on team process.	9/15 - 9/30	LoU Interview	
	2b. Meet with Ms. Smith and discuss observations of team meeting.	9/15 - 9/30		
3. Actively participate as a member of the team in a meeting.	3a. Introduce Ms. Smith to team members.	9/20 - 10/1	Team participation rating scale	
	3b. Support Ms. Smith during the team meeting.	9/20 - 10/1		
	3c. Meet following team meeting to discuss dynamics and decisions.	9/20 - 10/1		

CONSULTATION PLAN

Date:	September 1994	Consultee:	Ann Smith
Center:	ABC Childcare	Consultant:	Jane Johnson

Goal: Individualize instructional program to promote John's communication objectives.

Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved
1. Routinely use an alternate communication system throughout the day.	1a. Provide readings on the purpose of alternate communication. 1b. Coach Ms. Smith in use of communication system. 1c. Provide videotape on equipment.	9/20 - 12/30	Interview Observation Checklist	
2. Appropriately adapt or select games to motivate John to communicate in order to play.	2a. Provide Ms. Smith with a list of materials from which to select. 2b. Demonstrate methods of adapting games. 2c. Together, develop a resource list of activities for John.	9/20 - 12/30	Interview	

CONSULTATION PLAN

Date: September 1994

Consultee: Ann Smith

Center: ABC Childcare

Consultant: Jane Johnson

Goal: Individualize instructional program to promote John's communication objectives.

Objective	**Consultation Method**	**Timeline**	**Evaluation Method**	**Dates Achieved**
1. Develop a working knowledge of methods fo documentation; i.e., logs, diaries, event and time sampling.	1a. Provide readings, models, and other examples of documentation methods.	10/1 - 10/15	Log	
	1b. Coach Ms. Smith in event and time sampling methods.	10/1 - 10/15	Observation Checklist	
2. Develop and implement a plan for documentation.	2a. Evaluate selected options through classroom trials.	10/10 - 10/20	Interview following trial	
	2b. Coach Ms. Smith and aide as needed in selected system.	10/15 - 10/30	Observation Checklist	

CONSULTATION PLAN

Date:

Consultee:

Center:

Consultant:

Goal:

Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved

CONSULTATION PLAN

Date:

Consultee:

Center:

Consultant:

Goal:

Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved

CONSULTATION PLAN

Date: Consultee:

Center: Consultant:

Goal:

Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved

CONSULTATION PLAN

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Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved

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Goal:

Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved

CONSULTATION PLAN

Date:

Consultee:

Center:

Consultant:

Goal:

Objective	Consultation Method	Timeline	Evaluation Method	Dates Achieved

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APPENDIX

I. COMPETENCY: INDIVIDUALIZING INSTRUCTION

A: PLANS INSTRUCTION WITH REGARD FOR INDIVIDUAL NEEDS

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
No plans are made to accommodate individual needs	*Planning is rare, occurring only occasionally and without regard to specific needs of the child*	*Plans are comprised of long term goals, without specification of short term objectives or activities needed to attain them*	*Planning includes long term goals and short term objectives. Specific criteria and related services are not included*	*Planning includes present level of functioning, goals and objectives, special services needed (with dates of duration) and measurement criteria for acquisition of goals and objectives*

COMMENTS

B: STRUCTURE INDIVIDUALIZATION THAT IS APPROPRIATE TO THE CHILD'S ABILITIES

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
No attempt to individualize is evident	*Little individualization of activities or tasks is planned. Programming varies only slightly from that of other children*	*Some individualization is provided for the child. The physical setting may be altered and additional programming for any self-help needs in included*	*Individualization of tasks and activities is planned for the child's formal learning and any additional self-help needs*	*Individualization of activities and tasks is incorporated throughout the day in all areas of the child's program*

COMMENTS

COMPETENCY: INDIVIDUALIZING INSTRUCTION (CONTINUED)

C: PROVIDE AN OPPORTUNITY FOR ACQUISITION AND PRACTICE OF SKILLS.

(Circle the number corresponding with observed or evident practices)

1	*2*	*3*	*4*	*5*
Both skill acquisition and practice are planned with no additional opportunity for reinforcement.	*Skill acquisition is structured and rigid. Additional or supplemental practice of skills is minimal and not encouraged.*	*Opportunities for skill acquisition and practice are provided, however, both are highly structured.*	*Skill acquisition and practice is provided during each day. Opportunities tend to be structured and planned much more than unstructured or spontaneous.*	*Many opportunities for acquisition and practice of skills are incorporated throughout the day across a variety of settings. Practice is structured and unstructured with both encouraged and fostered.*
COMMENTS:				

D: PROVIDES ASSISTANCE AND REINFORCEMENT TO INDIVIDUALS

(Circle the number corresponding with observed or evident practices)

1	*2*	*3*	*4*	*5*
Little or no reinforcement is given.	*Positive reinforcement is minimal. Assistance is inappropriate.*	*The children receive inappropriate assistance because expectations are not the children's level (too high or too low). Positive reinforcement in evident.*	*Assistance is available for the child when it's needed and expectations are appropriate. Positive reinforcement occurs occasionally.*	*Assistance is given when needed and positive reinforcement is continuous. Independence is encouraged and expectations are appropriate.*
COMMENTS:				

II. COMPETENCY: SOCIAL INCLUSION

A: PLANS OPPORTUNITIES IN THE CLASSROOM FOR ALL CHILDREN TO PARTICIPATE
(Circle the number corresponding with observed or evident practices)

1 *No plans are made for socialization*	*2* *Planning for social inclusion is poorly conceived, with no specific plans for socialization; occurrence is unstructured*	*3* *Plans occasionally include social skill integration during both free and instructional time*	*4* *Plans for instructional time (formal instruction) include integration of social skills.*	*5* *All activities utilize a specific plan to include the special needs child socially*
COMMENTS				

B: STRUCTURES THE ROUTINE AND PROVIDES ACTIVITIES FOR MAXIMAL SOCIAL PARTICIPATION OF SPECIAL NEEDS CHILDREN IN THE CLASSROOM.

(Circle the number corresponding with observed or evident practices)

1 *No plans are made in the day's routine for specific social integration activities.*	*2* *Social interaction is possible in the classroom, but staff only plans for one or two of the criteria specified.*	*3* *Programming for the day fosters social interaction through three of the five criteria listed.*	*4* *Programming for the day is structured to facilitate social interaction. Four of the criteria are met.*	*5* *The environment and programming are structured to accommodate various socialization activities throughout the day.* ***Criteria include: preparation of materials, transitions from one activity to another, setting the environment to accommodate interaction, structuring interactions for small and large groups.***
COMMENTS				

COMPETENCY: SOCIAL INCLUSION (CONTINUED)

C: PROVIDES MODELING AND GUIDANCE THROUGH ACTIVITIES THAT PROMOTE SOCIAL INTEGRATION

(Circle the number corresponding with observed or evident practices)

1 *None of the four criteria are utilized to facilitate social integration.*	*2* *Attempts for social integration are minimal, with the teacher only using one of the four stated criteria.*	*3* *Social integration in the classroom is influenced through the teacher's use of two of the four stated criteria.*	*4* *The teacher attempts to foster positive social interaction with peers by utilizing three of the four stated criteria.*	*5* *The teacher makes efforts to model social integration techniques during daily instruction.* ***Criteria for such integration include: A positive attitude toward all children, making efforts to address each special child by name in activities, praising children who attempt to socially interact or include the child with special needs modeling specific lessons to facilitate social integration in a group.***

COMMENTS

III. COMPETENCY: POSITIVE EMOTIONAL AND BEHAVIORAL SUPPORT

A: USES A CONSISTENT BEHAVIORAL SUPPORT SYSTEM THAT ACCOMMODATES DEVELOPMENTAL DIFFERENCES

(Circle the number corresponding with observed or evident practices)

1	*2*	*3*	*4*	*5*
No organized system of behavioral support is established or utilized	*The system is largely inappropriate and/or implementation tends to reinforce undesired or nonfunctional behavior*	*A system is utilized, however, some expectancies may be inconsistent &/or unnecessary, & developmental differences tolerated vs appreciated*	*An appropriate system is utilized daily in the classroom with minor lapses in consistency. Expectancies are generally clear and realistic*	*A developmentally appropriate behavior support system is established and utilized daily with consistency. Limits/expectancies are based on functional goals for each child. Punishment is rare*
COMMENTS:				

B: REDIRECTS INAPPROPRIATE OR DETRIMENTAL BEHAVIORS IN A POSITIVE MANNER

(Circle the number corresponding with observed or evident practices)

1	*2*	*3*	*4*	*5*
No attempt is made to redirect inappropriate behavior	*An attempt is made to redirect inappropriate behavior, but the manner is not positive. No attempt is made to facilitate self-control in the child.*	*Inappropriate behavior is redirected in a positive manner, but no attempt is made to facilitate self-control in the child. The adult serves as the only controlling factor.*	*Inappropriate behavior is redirected in a positive manner to appropriate behavior. The adult may be controlling, with some attempt made to facilitate self-control in the child.*	*Inappropriate behavior is redirected in a positive manner to appropriate behavior. The focus is on the facilitation of self-control and promotion of social/emotional growth.*
COMMENTS:				

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COMPETENCY: POSITIVE BEHAVIORAL SUPPORT (CONTINUED)

C: REINFORCES/ENCOURAGES APPROPRIATE BEHAVIOR IN GROUP AND INDIVIDUALS

(Circle the number corresponding to observed or evidenced competencies)

1	2	3	4	5
No evidence of praise or reinforcement of appropriate behavior	*Little evidence of praise or reinforcement of appropriate behavior. Equal or more amounts of attention are given for inappropriate behavior*	*Positive reinforcement of appropriate, most important target behaviors. Overall tone of setting is usually positive*	*Positive reinforcement of all important behaviors for individuals is evident, though there are lapses in consistent and meaningful implementation for children with special needs*	*Positive reinforcement of appropriate behavior for group and individual children at different levels is a priority. Use, meaningfulness and consistency are obvious*
COMMENTS				

D: PLANS AND IMPLEMENTS SOCIAL SKILLS INSTRUCTION

(Circle the number corresponding to observed or evidenced competencies)

1	2	3	4	5
No evidence of teacher directed social skills instruction as a planned or informal part of the program	*Little evidence of formal or informal social skills instruction. Teacher may inconsistently or fail to model behaviors requested of children*	*Instruction in appropriate social skills is evident for group with some attention to individual needs. Teacher occasionally uses peer models and self to demonstrate correct skills*	*Instruction in particular social skills is done mostly in naturally occurring situations. No clear goals or planning evident; however, many practical skills are promoted daily through positive models*	*Social skills instruction is carefully planned and implemented daily to promote appropriate skills that might be delayed or deficits, e.g. turn taking, helping. Modeling & practice are used frequently in planned and unplanned situations*
COMMENTS				

IV. COMPETENCY: ONGOING ASSESSMENT

A: MEASURES AND DOCUMENTS THE PROGRESS OF A CHILD

(Circle the number corresponding with observed or evident practices)

1	*2*	*3*	*4*	*5*
No attempt is made to measure the progress of the child	*Student progress is noted only informally and not recorded for future reference*	*An established system exists but it is not used consistently. Observations or progress notes are taken only on occasion*	*An established system for recording progress is utilized frequently but not daily*	*A system of monitoring the progress of the child is established and followed daily. The system includes checklists, anecdotal notes and other observations on progress*
COMMENTS				

B: REASSESSES AND ADJUSTS PROGRAM AT APPROPRIATE TIMES

(Circle the number corresponding with observed or evident practices)

1	*2*	*3*	*4*	*5*
No attempt is made to reassess or adjust the child's program	*Little attempt is made to record the child's present needs*	*Strengths, weaknesses and accomplishments are not noted systematically so adjustment to the program cannot be conducted as needed. Observation or notation of change or need is incidental and inconsistent*	*The child's present level of functioning is observed frequently. Skill accomplishment is noted on the child's plan*	*Strengths and weaknesses of the child are noted and monitored. The child's program reflects his present level of functioning so goals and objectives are adapted for newly identified needs. Reassessment is conducted informally when needed*
COMMENTS				

V. COMPETENCY: COMMUNICATION WITH FAMILIES

A: INCLUDES THE FAMILY IN PLANNING

(Circle the number corresponding with observed or evident practices)

1	2	3	4	5
The family is excluded from planning and involvement in program implementation.	*Family input is requested initially, but not optimally used in the planning process. Attempts are not made to ensure family involvement in the implementation of the child's program.*	*The family is included in the implementation of the goals set for their child. Only initial input is requested and incorporated.*	*Input from the family is requested. The family is included in the implementation of the goals set for their child.*	*The concerns and needs of the family are acknowledged and addressed. The family is included in the initial and ongoing planning and implementation of their child's program. Support is given to the family in order to maximize their feelings of competence in working with their child.*
COMMENTS:				

B: INFORMS THE FAMILY OF THE CHILD'S PROGRESS AND ACTIVITIES

1	2	3	4	5
Little or no attempt is made to communicate with parents or family.	*There is no established system for keeping and relaying information. Parents are rarely contacted; any communication is through planned conferences or to report negative classroom behavior.*	*Parents and family are given information about their child on occasion but without regard to an established system.*	*Notes or records are kept on the child and shared frequently with the parents. Staff is accessible to parents for information.*	*There is an established system for keeping records of the child's health and activities. The staff follows the system and shares information daily with parents. The staff helps parents anticipate levels of development to occur and support them in handling change.*
COMMENTS:				

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COMPETENCY: COMMUNICATING WITH FAMILIES (CONTINUED)

C: MAINTAINS A POSITIVE PROFESSIONAL RELATIONSHIP

1 *A negative or nonprofessional relationship exists.*	*2* *Parents are often made to feel isolated from their child's experiences because the staff appears unresponsive and inaccessible. The professional relationship is poor.*	*3* *A relationship exists but it may be tenuous at times due to inconsistent mutual respect.*	*4* *The staff is accessible to parents and treats them in a positive manner. Family choices or beliefs may not always be respected by the staff.*	*5* *The family and staff work in partnership; the staff treats the family with dignity, acknowledging their vital importance in the child's life. The staff actively listens to the parents and tries to honor their choices. Mutual respect is apparent.*
COMMENTS:				

VI. COMPETENCY: COLLABORATING AND COORDINATING WITH OTHER PROFESSIONALS

A: ACCESSES APPROPRIATE RESOURCES OR TRAINING IN RESPONSE TO CHILD OR PROGRAM CONCERNS

(Circle the number corresponding to the observed or evident practices)

1 *Depends entirely upon others, e.g. supervisor, to identify needs and solutions, including personal training needs. Low interest in training or change.*	*2* *Occasionally seeks assistance or information about a program or child concern. Resources are obviously underutilized.*	*3* *Usually identifies and obtains resources or training for important needs. There is recent evidence of at least one self-initiated modification or improvement using resources.*	*4* *Most child & program needs are resolved through appropriate use of resources & training. May not be fully aware of resource choices & fail to obtain services in a timely manner.*	*5* *Engages in ongoing self and program evaluation and communicates needs in a timely manner. Actively seeks & obtains appropriate resources or training, as available.*
COMMENTS:				

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COMPETENCY: COLLABORATING AND COORDINATING WITH OTHER PROFESSIONALS (CONTINUED)

B: IMPLEMENTS AND EVALUATES INTERVENTIONS REQUESTED BY OTHER PROFESSIONALS

(Circle the number corresponding to the observed or evident practices)

1	2	3	4	5
Little follow through due to a variety of controllable reasons. Low appreciation/ understanding of purpose of requests.	*Inconsistent implementation of requests with minimal useful evaluation, or evaluation is slow to be communicated. Others may have to frequently encourage implementation.*	*Usually responds cooperatively to requests, but may need to be reminded or assisted. Evaluation of usefulness or impact may lack depth and detail, but essential information is always reported.*	*Usually cooperates well with all requests & recommendations. May overlook minor information or requirements needed for implementation & evaluation.*	*Cooperates fully with careful implementation of recommendations. Evaluates and objectively communicates the results of efforts in a thoughtful and timely manner.*
COMMENTS:				

C: PARTICIPATES AND COOPERATES AS PART OF THE INTERVENTION TEAM

(Circle the number corresponding to the observed or evident practices)

1	2	3	4	5
Efforts to participate on team not evident. Little knowledge of what others are doing. Rarely communicates with other professional team members.	*May meet with other professionals involved with child but rarely contributes information or suggestions. Takes a passive role. Limited understanding of roles of the team members.*	*Is aware of major roles of team members. Has contact with them to discuss progress at least every two weeks. Makes some attempt to coordinate efforts. May not share an equal role in decision making.*	*Meets at least weekly with team members. Clear understanding of members' roles & responsibilities and coordinates some activities. Evidence of active support as part of a concerted team effort is not clear.*	*Is aware of all goals and objectives for child and who is responsible. Meets frequently with team members and assists with decision making. Coordinates activities and supports others on team. Team spirit is evident.*
COMMENTS:				

A SELF-RATING SCALE FOR TEACHERS

Please circle the number that best describes your present skills, as you see them, in regard to teaching a child with special needs.

1. Yes, I do this well
2. Sometimes I do this well
3. I need help to do this better
4. I don't know how to do this
5. I don't understand

1.	I can plan and adapt the program and environment with regard to the child's individual needs in all developmental domains.	1	2	3	4	5
2.	I can provide many daily learning opportunities for the child for acquisition and practice of needed skills.	1	2	3	4	5
3.	I can provide for adequate individual assistance and reinforcement of the skills needed.	1	2	3	4	5
4.	I can plan and provide a variety of opportunities for the child to participate socially.	1	2	3	4	5
5.	I can use modeling and guidance when teaching activities that promote social integration.	1	2	3	4	5
6.	I can comfortably and consistently use a behavior support system that accommodates the child's developmental differences.	1	2	3	4	5
7.	I can redirect inappropriate and detrimental behaviors in a positive manner.	1	2	3	4	5
8.	I can reinforce and encourage appropriate behavior in the group and for the individual child.	1	2	3	4	5
9.	I can plan and implement social skills instruction in planned and unplanned situations.	1	2	3	4	5
10.	I can measure and document the child's progress using several methods.	1	2	3	4	5
11.	I can reassess and adjust the instructional program based upon child response and progress.	1	2	3	4	5
12.	I can use strategies that effectively include the family in planning.	1	2	3	4	5
13.	I can use a system that keeps the family well informed of the child's progress and performance.	1	2	3	4	5
14.	I can use a variety of techniques that promote a positive professional relationship with the family.	1	2	3	4	5
15.	I can identify and access appropriate resources or training needed to address my concerns for the child or program.	1	2	3	4	5
16.	I can usually implement quickly and clearly evaluate recommendations requested by other professionals.	1	2	3	4	5
17.	I can identify my role on the child's intervention team and actively participate and cooperate as part of the team.	1	2	3	4	5

Teacher Request for Assistance

To what extent would you like assistance or training in the following areas. Circle one number for each.

1. very much, come right away
2. need some help or training
3. need further explanation
4. generally doing ok., seldom need help
5. doing great, need no assistance

A. Classroom Environment					
1. Arranging the learning centers and/or areas in the classroom.	1	2	3	4	5
2. Arranging the classroom to better accommodate the health, safety, and physical needs of child.	1	2	3	4	5
3. Selecting appropriate equipment, including adaptive equipment, and materials for the children.	1	2	3	4	5
4. Selecting furniture or accessories needed to accommodate the special needs child.	1	2	3	4	5

B. Assessment and Program Planning					
1. Identifying your role on a team serving special needs children.	1	2	3	4	5
2. Conducting a functional and intervention based assessment.	1	2	3	4	5
3. Interpreting assessment to determine the child's: • level of functioning in different areas • most important strengths and needs • preferred learning or play activities					
4. Writing goals and objectives for the special needs child.	1	2	3	4	5
5. Selecting special strategies and techniques.	1	2	3	4	5
6. Planning developmentally appropriate activities for the special needs child.	1	2	3	4	5
7. Scheduling opportunities for targeting individual behaviors.	1	2	3	4	5
8. Identifying child's changing developmental needs.	1	2	3	4	5

C. Instruction					
1. Curriculum					
a. Selecting methods/materials which benefit both the special needs child and peers.	1	2	3	4	5
b. Adapting your current curricula for the special needs child.	1	2	3	4	5

C. Instruction (Cont'd)

2. Social Integration					
a. Planning activities to encourage interaction among all children.	1	2	3	4	5
b. Facilitating peer interactions and understanding.	1	2	2	4	5
3. Methods of Instruction					
a. Carrying out the objectives identified for special needs child:	1	2	3	4	5
If assistance is needed, circle area(s)					
motor **social** **language** **cognitive** **self-help**					
b. Teaching one-to-one in a small group.	1	2	3	4	5
c. Including the special needs child in small and large group instruction.	1	2	3	4	5
d. Using techniques such as modeling, prompting and cueing.	1	2	3	4	5
e. Keeping children's attention on an activity.	1	2	3	4	5
f. Taking advantage of unplanned learning opportunities to teach children.	1	2	3	4	5
g. Using activity-based instruction.	1	2	3	4	5
4. Behavior Management					
a. Identifying specific behaviors of concern.	1	2	3	4	5
b. Using specific strategies to meet individual children's social/emotional needs.	1	2	3	4	5
c. Using strategies to encourage children with special needs to behave in an acceptable way.	1	2	3	4	5
D. Family Involvement					
a. Talking with families about their child.	1	2	3	4	5
b. Involving families as program partners.	1	2	3	4	5

OTHER REQUESTS:____

____

Assessing Family Needs and Priorities

Family assessment is needed to plan effectively for inclusion. Consultants must know what the family currently views as priorities and concerns in the placement situation, and what skills that might be able to bring to the consultation and coaching effort. The family is often an excellent source of ideas for strategies and methods to use to fully include the child in the setting. They may also wish to be a part of the technical assistance team and can ably demonstrate special caregiving techniques they have learned.

There are several family needs assessment instruments available that can be used. (Bailey & Simeonsson, 1990; Durst, 1986). Methods of assessing family strengths and needs include interview, formal questionnaires and observation. It is as important to select the right approach as it is to select a tool that answers relevant questions. Some families prefer a questionnaire that they complete in private, others wish to be interviewed. There are no perfect tools, so always remember to provide the opportunity for families to comment on anything that might not have been questioned.

The same ten questions used to interview teachers can be used to interview families. These ten questions can help frame a focused interview around primary concerns and goals relative to service in a community-based program.

Monitoring of satisfaction is another important form of assessment for use with families. Obtaining honest evaluations of satisfaction with services can be difficult if the family sees service providers as the only available resource, have established a personal bond, or consider their own opinions as less important than the professionals'. Consultants should model and encourage members of the team to constantly seek feedback and opinions from the family, not just wait until the end of the year when program evaluations are done en masse. If families are included in planning and decision making and are an active part of the team, the degree of satisfaction should be evident. Consultants should be honest with families about where they and the program are in terms of stages of development. If this is a new program and role for the consultant, for example, then everyone should be constantly evaluating the process and working to support one another.

Functional Curriculum and Programming Should.

- increase child's ability to interact with his/her world
- reflect an analysis of the demands of the child's current and future environments
- be immediately useful in meeting the demands of those settings
- be taught within the situations in which they are going to be used
- offer a wide range of applicability so they are functional in many contexts
- include multiple opportunities to facilitate generalized use and maintenance
- use age-appropriate materials and activities

Source: Horn, E.M., Smith., B.A. , & DeStefano, D. M. (Eds.) (1989). Functional curriculum programming. Proceedings from the Peabody Integration Project "Moving Toward Best Practices" Conference.

CONSULTANT COMPETENCIES

As a future consultant, please rate yourself in the following areas:

1. need help with this immediately
2. need some help or training
3. need further explanation
4. generally doing o.k.
5. doing great

* * * * * * * * * * * * * * * * * * * *

I. BASIC CONCEPTS

____ Identify basic components and purposes of the coaching and consultation model

____ Identify best practices in the field of early childhood (age and developmentally appropriate practices

____ Identify background information of the early childhood program that I serve, with regard to history, rules, regulations, and daily routines

II. FORMATIVE AND SUMMATIVE ASSESSMENT

____ Use a variety of data collection strategies in order to address and monitor needs and concerns to include:

____ observational methods
____ questionnaires
____ focused interviews
____ tests

____ Assess the needs of the child in all areas that must be addressed using ecologically valid measures

____ Assess the needs of the family, with regard to primary concerns, perceived needs, and willingness (readiness) to participate in services for their child

____ Assess the needs of the staff, with attention to the stages of professional development, attitudes toward teaming and inclusion issues, current levels of use, concerns, and willingness to collaborate

____ Assess the needs of the environment with attention to appropriate physical attributes, safety, health, and attitude

III. PLANNING AND ORGANIZATION FOR CONSULTATION/COACHING

____ Interpret assessment data

____ Select appropriate goals and objectives

____ Prioritize goals

____ Design strategies and activities to implement goals and objectives

____ Identify and access resources to assist the consulting and coaching process

____ Select appropriate evaluation methods for goals and objectives

____ Manage my time effectively

IV. INDIVIDUAL PARTICIPATION IN A PARTNERSHIP OR TEAM

____ Identify team members as well as their current roles, skills and responsibilities

____ Identify shared roles for myself and others within the team

____ Effectively coordinate the coaching and consultation process with the team in order to meet teacher and child goals

____ Present information, issues, problems, and concerns in meetings with clarity and comfort

____ Use of a formal team problem solving method

____ Resolve conflict that results in maintaining or improving an effective and productive relationship

____ Deliver appropriate feedback, both negative and positive including: giving credit to others, using positive feedback, and demonstrating sensitivity to one's needs

____ Identify the sources of communication, with regard to it's failure and success

____ Utilize active listening accurately and interpret nonverbal communication

____ Demonstrate knowledge and skills needed to respond to cultural differences of those I work with

____ Advocate for the needs and rights of children in the early childhood-special education population

V. TRAINING OTHERS

____ Identify the characteristics, motivators, and needs of adult learners

____ Design and conduct a workshop for early childhood staff

____ Implement the coaching process by using explanation, demonstration, practice, and feedback

____ Interact effectively with individuals with regard to their level or stage of professional development

____ Refine and adjust training approaches according to the individual's present level of performance

____ Use appropriate methods to monitor, refine intervention, and provide support and feedback

IV. PERSONAL GROWTH AND MANAGEMENT

____ Evaluate myself in my present level of performance and competence with regard to strengths and weaknesses

____ Set personal goals that are productive and achievable

____ Use feedback to improve skills or performance as an effective coach or team member

____ Evaluate myself regarding my success and my needs, throughout the coaching period

____ Manage stress effectively

Day One
Overheads

Overhead #1

Inclusion of Young Children with Special Needs

Benefits

☞ Social learning opportunities

☞ Modeling in all domains

☞ Support for families

Overhead #2

☼ Inclusion

→Requires

- → Prepared Early Childhood Programs

→Which Requires

- → An Effective Training/Consultative Model

→Which Requires

- → The Right Method, System, and Content

◆ Opportunity Barriers

- Policy
  - Federal, state, or agency laws regulations on standards
- Practice
  - Routine procedure by an agency or group that is unsupported by current research or that is contradictory of policy

Overhead #3b

Opportunity Barriers

- Attitude
  - The opinion or position of an individual
- Knowledge
  - Lack or information or awareness
- Skill
  - Lack of ability even though individual is aware

◆ Access Barriers

- ◆ Physical
  - ◆ Facility restrictions that affect use and access by individuals with disabilities
- ◆ Program Activities
  - ◆ Program practices and techniques that exclude children with disabilities
- ◆ Communication
  - ◆ Lack of provisions for effective communication to children (or their parents) who have vision, hearing, speech, or cognitive disabilities

◆ Inclusion Barriers

- Personal training and standards (knowledge, skills, practice)
- Values and attitudes (attitudes)
- Fiscal/contracting policies (policy)
- Program quality policies
- Private or nonpublic school agency policies

◆ Inclusion Barriers

- Transportation policies
- Conflicting policies
- Curricula/methods requirements (practice)

Roles of Consultant

→ Assessment

→ Planning

→ Coordination

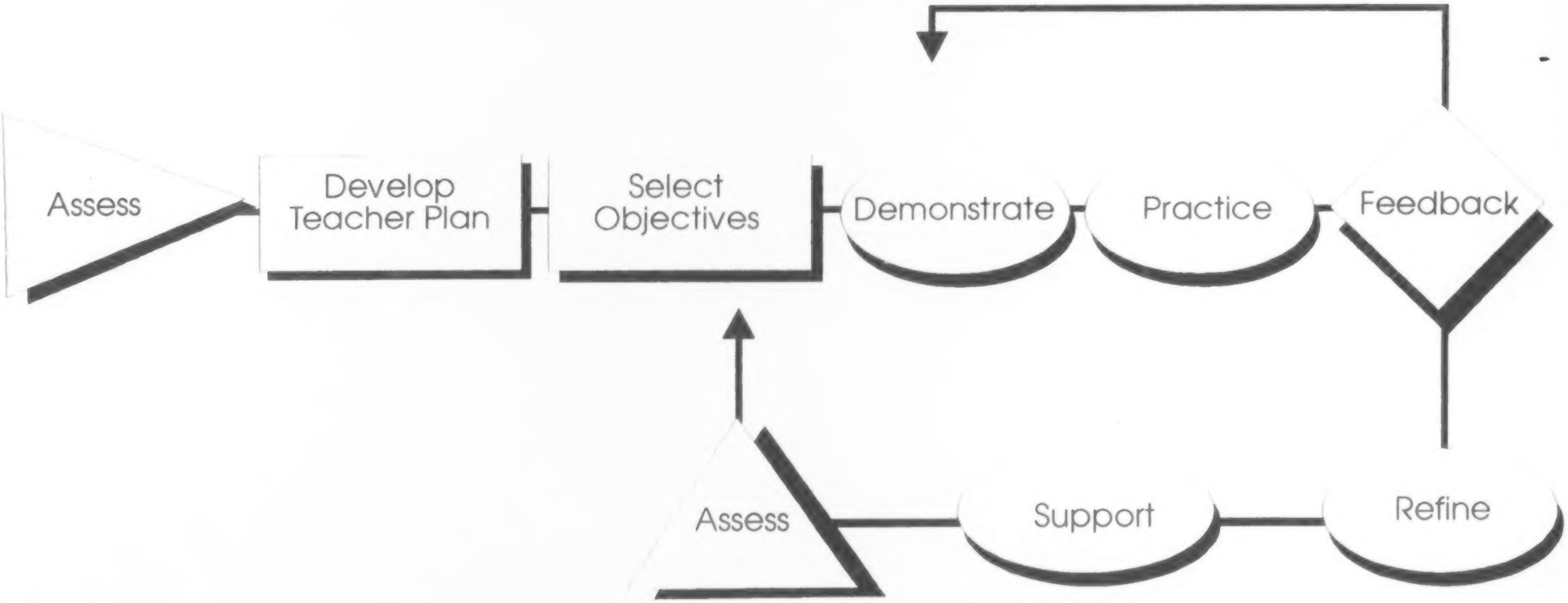
→ Coaching

→ Problem-Solving

→ Obtaining resources and materials

→ Developing methods and materials

The coaching cycle



Assess

Develop Teacher Plan

Select Objectives

Demonstrate

Practice

Feedback

Refine

Support

Assess

A JARGON GAME

SPED	Special Education
LEA	Local Education Agency
IEP	Individual Educational Program
IFSP	Individual Family Service Plan
619	Federal Law authorizing pre-school services
Part H	Federal law authorizing Infant/Toddler Services
EdH	Educationally Handicapped
SLD or LD	Specific Learning Disability or Learning Disability
EmH	Emotionally Handicapped
PH	Physically Handicapped
DD	Developmental Delay
ADD, ADHD	Attention Deficit Disorder or [AD(Hyperactive)D]
FAPE	Free Appropriate Public Eduction
LRE	Least Restrictive Environment
DAP	Developmentally Appropriate Practice
LSC	Local Survey Committee
ICC	Interagency Coordinating Council
I/TP	Infant/Toddler Program

SDE	State Department of Education
PCC	Parent Child Center
NEC*TAS	National Early Childhood*Technical Assistance System
OSEP	Office of Special Education Programs
CDA	Child Development Associate
OT	Occupational Therapist
PT	Physical Therapist
SLP	Speech/Language Pathologist
CCDBG	Child Care Development Block Grant
PD	Program Developer
IDEA	Individuals with Disabilities Education Act
ADA	Americans with Disabilities Act
NAEYC	National Association for the Education of Young Children
SECA	Southeastern Early Childhood Association
DEC	Division for Early Childhood
UAP	University Affiliated Program
P & A	Protection and Advocacy

Overhead #8

TEAMS

- ☞Examples of Teams
    - IEP Teams
    - Assessment Teams
    - Teacher Support Teams
    - Inclusion Teams
- ☞Which Can Be. . .
    - Multidisciplinary Teams
    - Interdisciplinary Teams
    - Transdisciplinary Teams

Overhead #9

Ineffective Teams

Effective Teams

Effective Collaboration Means

☞ Relationships are reciprocal.

☞ Responsibility is shared by all participants.

Overhead #12

Effective Collaboration Does Not Mean

- Participants must serve same function or contribute similar information to the decision-making process.
- Participants must give up their area of expertise.
- Responsibilities for planning, implementation, and evaluation are always equally divided among participants.

Overhead #13

Product/Process: Three Teams

Group 1

Product Process

Group 2

Product Process

Group 3

Product Process

Transdisciplinary Team Benefits

Overhead #15

Transdisciplinary Team Barriers

- Policy
- Practice
- Attitude
- Knowledge
- Skills

Day Two
Overheads

Cash Register Activity

1. ?
2. ?
3. F
4. T
5. ?
6. T
7. ?
8. ?
9. ?
10. ?
11. ?

Team Decision Making Preconditions

- Meet in a neutral setting
- Avoid deadlines if possible
- Keep groups around 5-7 members
- Communicate with all members, not just leader
- Leader controls interaction "Process" not "Content"
- Information is shared by all parties
- Resolve conflicting attitudes, resentment, defensiveness, etc. before decision-making process begins
- Establish a goal of arriving at the best collective decision and avoid arguing for a personal position.

Step One: Define the Problem

- Overview of the problem and changes desired
- Define the problem. Use the following ground rules

1. Accept all attitudes.
2. Ask questions to clarify.
3. Find out what has been tried using open-ended questions.
4. Conduct problem analysis.
5. Separate problem definition from solution search/evaluation.
6. Avoid stating goals in the form of individual priorities.
7. Depersonalize the problem.

Source: Filley (1975); Wolfgang & Glickman (1986).

IDEAS

WOW

GREAT

Step Two:
Generate and Evaluate Solutions

- Brainstorm solutions in terms of actions to take.
- Discuss advantages and disadvantages.
- Use strategies to review and adjust attitudes.
    1. Reality test the solutions.
    2. Use open-ended questions.
    3. Remember that perceptions are linked to assessment of possible solutions.
- Discuss how the various ideas are common or interrelated.

Source: Filley (1975); Wolfgang & Glickman (1986).

Step Three:
Decide on a Plan of Action and Evaluation

- Discuss and decide upon an agreed plan of action.

    1. Identify obstacles to goal attainment to enhance concreteness and specificity.

    2. Explore the questions, "How will we know this is working?"

- Organize the plan of action.

    1. Decide **"Who," "When,"** and **"What."** Write it down.

    2. Agree to a follow-up meeting and note information to be collected by that time to see if the plan was effective.

    3. If it is a serious problem that requires firm commitment, ask everyone present to sign the plan.

Source: Filley (1975); Wolfgang & Glickman (1986).

TEAM Meeting Action Plan

Date____________________

Location__________________________________

Participants:

Topics Discussed:

Action Plan

What	Who	Date

Overhead #23

Problem Solving Steps

STEP 1
Define the Problem.

STEP 2
Generate and evaluate solutions: Problem analysis.

STEP 3
Decide on a plan for implementation and evaluation.

STEP 4
Set next meeting and recycle as needed.

Components of Active Listening

- Acknowledging
- Paraphrasing
- Reflecting underlying messages
- Clarifying what was said
- Elaborating or expanding what was said
- Summarizing

Pitfalls for Listeners

- Preoccupation
- Listener more interested in talking than listening
- Anticipation of speaker's intent
- Evaluation and judgement of the speaker
- Inadequate understanding of the situation
- Distrust
- Language barriers

Source: West, Idol, & Cannon, (1989).

Team Meeting Essentials

- A pre-set agenda
- A designated leader
- A recorder
- A timekeeper

Optional roles to facilitate participation:

- Observer
- Tracker
- Summarizer

Consensus Activity Instructions

1. Select leader, recorder, timekeeper.
2. Rank options as individuals.
3. Meet as a team and discuss solutions.
4. Arrive at consensus for preferred solution.

Why, What, and How of Assessment

WHY: To obtain a comprehensive, ecologically valid understanding of need for the purpose of designing consultation that meets the unique needs of the child and the staff

WHAT: To obtain history, records, testing, observations/opinions/concerns of others as well as any new information

- Physical/Medical status and history
- Environmental influences
- Developmental history and status
- Caregiver concerns and priorities

HOW: A collaborative, open process for honest examination that can allow the setting of realistic goals

Early Childhood Program Quick Check

Listen for. . .

- Positive attitudes about inclusion
- Openness to collaboration
- Compatible educational practices and philosophies
- Staff with basic credentials
- Time for planning together
- Time, desire, and energy to learn new skills
- High morale, low turnover

Early Childhood Program
Quick Check

Look for. . .

- Early childhood education principles
- Accessibility
- Adequate resources, space, staff
- Positive climate
- Caregiver-child match

Interviewing and Surveying

Advantages

- ☺ Provides access to more information
- ☺ Reveals the more subjective elements of behavior
- ☺ Offers more flexibility
- ☺ Determines priorities
- ☺ Preferred by adults
- ☺ Improves rapport

Disadvantages

- ☹ Too subjective; inaccurate perceptions
- ☹ Time consuming to conduct and establish sufficient trust initially
- ☹ Requires sophisticated communication skills; difficult to standardize
- ☹ Difficult to limit focus; most interviews lead to other concerns

Critical Competencies For Inclusion

- Individualizing instruction throughout the day
- Promoting social interaction
- Using positive behavioral support techniques
- Monitoring progress throughout ongoing assessment
- Communicating with families of children with special needs
- Collaborating and coordinating with other professionals

Information	Resource	Method
Health History		
Physical Report		
Developmental History		
Developmental Evaluation		

Day Three
Overheads

♦Importance of Stages

- Establishing a starting point for consultation (adults interested in immediate application of knowledge versus future application)
- Promoting rapport
- Assisting in constructing plans for growth
- Anticipating needs
- Keeping the assistance relevant and supportive

Phases and Ages

1. Leaving Home : 18-22 years
2. Moving into Adult World: 23-28 years
3. Search for Stability: 29-34 years
4. Becoming One's Own Person: 37-42 years
5. Settling Down: 45-55 years
6. The Mellowing: 57-64 years
7. Life Review: 65+ years

Description of the Stages of Professional Development Scale

(Katz, 1977; Parsons & Meyers, 1984)

- ☞ Survival
- ☞ Consolidation
- ☞ Renewal
- ☞ Maturity

Development of Concerns of Preservice Teachers

(Fuller,1969)

1. Initial unrelated concerns about teaching

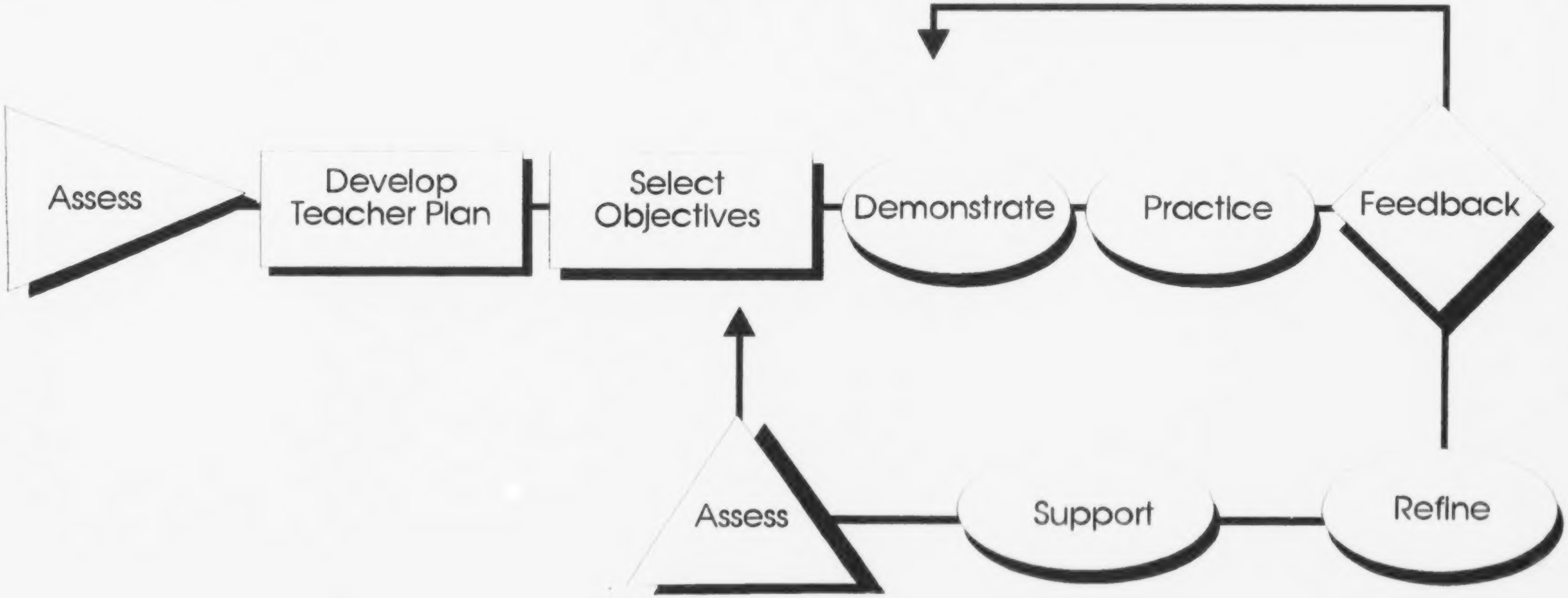
2. Concerns about self in relation to teaching

3. Task concerns about teaching

4. Impact concerns

Overhead #B

The coaching cycle


Assess
Develop Teacher Plan
Select Objectives
Demonstrate
Practice
Feedback
Refine
Support
Assess

THE COACHING PROCESS

Preliminary planning

1. Analysis of all assessment data
2. Identification and operationalization of training objectives (PDP)
3. Collection of baseline data

Trial and evaluation

4. Demonstration in the setting of all strategies and techniques to be used (PDP field validation)
5. Collaborative critique and refinement of the PDP
6. Review of baseline data and additional collection if needed

Discrete skill training

7. Verbal explanation of and rationale for the specific skill (steps and critical components are delineated)

8. Demonstration of the desired skill by the coach in the natural environment

9. Teacher practice of the desired skill with guidance

    a. Optional simulated setting (e.g., trainer role-plays the child)

    b. Natural setting

10. Discussion and feedback following the training session

11. Written feedback and information left with teacher

Maintenance and Support

12. Monitoring of progress

13. Refinement of skills through coaching and team teaching

14. Support of correct practice through team discussion and problem solving

OBSERVATION CHECKLIST
Goal : Signing Simple Words

1. Ensure that the object or situation that the word represents is visible to the child, but out of reach.

2. Ask the child, "What do you want?"

3. Wait for a response. If no response,

4. Model the sign and verbally produce the word.
Example: Cookie: and sign the word cookie.

5. Wait for a response. If no response,

6. Encourage child to imitate. Example: "You do it."

7. Physically prompt the child to form the sign, if necessary.

8. Give child what is requested and offer praise.

9. Gradually fade the assistance needed to sign. Example: When the child signs on his own, fade the physical prompts and continue with verbal prompts.

10. Encourage and reinforce any vocalizations and signs.

OBSERVATION CHECKLIST

Steps	Date	Date
1. Arranges Environment		
2. Gives Cue		
3. Waits for response		
4. Models sign with verbal		
5. Waits for response		
6. Encourages imitation		
7. Physically prompts		
8. Reinforces		
9. Fades assistance		
10. Encourages verbalization and sign		

THE COACHING SESSION

→Explanation

1. State Why Technique Is Useful
2. Discuss Observation Checklist Items
3. Keep Explanation Brief
4. Review Points

→Demonstration

1. Ensure the Attention of the Observer
2. Maintain a Natural and Flexible Style
3. Be Credible
4. Emphasize or Repeat Points
5. Use Cues
6. Encourage Questions

→Practice

1. Observe Practice
2. Individualize Guidance

→Feedback

1. Use feedback to facilitate and support.
2. Give formal feedback following practice.
3. Develop teacher independence.
4. Begin objective feedback with self critique.
5. Problem solve difficulties together.
6. Plan practice and future training.

PROMOTING SELF-ANALYSIS

- Elicit feelings, inferences, and opinions;
- Ask clarifying questions;
- Listen more and talk less;
- Acknowledge, paraphrase, and expand the teacher's statements;
- Offer information when appropriate
- Provide specific feedback; and
- Elicit alternative techniques and explanations.

Overhead #B13

POSITIVE FEEDBACK

Positive feedback is:

- Specific
- Appropriately timed
- In keeping with the professional maturity and needs of the individual
- genuine
- not effusive.

Tips for Using NEGATIVE FEEDBACK

- Model constructive self-criticism and a desire to improve.
- Seek out corrective feedback for yourself.
- Only give negative feedback when it can be corrected.
- Be tactful.
- Use objective data.
- Limit this feedback to topics relevant to the consulting relationship.

REVIEW

Consultant's Checklist:

√ The environmental assessment has been completed.

√ Family needs and desires in relation to the education of their child have been determined.

√ Appropriate functional goals to be implemented in the chosen setting have been developed with the family.

√ Direct staff's stage of professional development, needs and concerns have been assessed, and personal characteristics have been considered.

TIME TO DEVELOP A PLAN!

PRIORITY QUESTIONS

- What is most important for the health and safety of the child?
- What skills maintain the current effective level of the program with full inclusion of the child with special needs?
- Which of the child's goals are most critical for initial achievement?
- What are the beginning or elemental skills that this consultee needs?
- Which priorities are most amenable to change?

Handout #1

A JARGON GAME

SPED	
LEA	
IEP	
IFSP	
619	
Part H	
EdH	
SLD or LD	
EmH	
PH	
DD	
ADD, ADHD	
FAPE	
LRE	
DAP	
LSC	
ICC	
I/TP	
SDE	
PCC	
NEC*TAS	
OSEP	
CDA	
OT	
PT	
SLP	
CCDBG	
PD	
IDEA	
ADA	
NAEYC	
SECA	
DEC	
UAP	
P & A	

GROUP ONE: INSTRUCTIONS

- Sit as the places are arranged.
- Do not discuss what you are making.
- Do not share materials.
- Do not watch what others are making.
- Have fun making something.
- Bring your finished product to the large group.

GROUP TWO: INSTRUCTIONS

- You may discuss what you are making.
- Do not share materials.
- Have fun making something.
- Put your individual products together to make one product for group two and bring it to the large group.

GROUP THREE: INSTRUCTIONS

- Work together to make one product.
- Share materials and ideas.
- Have fun making something.
- Bring the finished product to the large group.

Handout #5

Group 1 **Type of Team?**____________________________

Product	Process

Group 2 **Type of Team?**____________________________

Product	Process

Group 3 **Type of Team?**____________________________

Product	Process

THE CASH REGISTER

The Story

A businessman had just turned off the lights in the store when a man appeared and demanded money. The owner opened a cash register. The contents of the cash register were scooped up, and the man sped away. A member of the police force was notified promptly.

Statements about the story

T, F, or ?

____ 1. A man appeared after the owner had turned off his store lights.

____ 2. The robber was a man.

____ 3. The man did not demand money.

____ 4. The man who opened the cash register was the owner.

____ 5. The store owner scooped up the contents of the cash register and ran away.

____ 6. Someone opened a cash register.

____ 7. After the man who demanded the money scooped up the contents of the cash register, he ran away.

____ 8. While the cash register contained money, the story does not state how much.

____ 9. The robber demanded money of the owner.

____ 10. The story concerns a series of events in which only three persons are referred to: the owner of the store, a man who demanded money, and a member of the police force.

____ 11. The following events in the story are true: someone demanded money, a cash register was opened, its contents were scooped up, and a man dashed out of the store.

Adapted from: 1994 DEC/Head Start Southeastern Region Conference presentation "Meeting the Needs of Rural Communities Through Interagency Collaboration", Hallam, R., Berdine, P. and Napier, L.

Producer: (Green) self-directed and controlled Likes control, responsibility, mastery, loyalty and a fast pace. Dislikes ambiguity, irreverence, laziness, and showing emotions.	DO Take advantage of their need to clear up messes. They love to provide structure and get others back on track. They need control - take advantage of their efficient, practical, ambitious nature and give them the reins when possible Show respect for their traditional values and ways of thinking Work with them to be more accepting of other methods of accomplishment	Strengths: practical, orderly, very direct, organized, traditional, goal-oriented, dependable, economical, and ambitious. Limitations: dogmatic, stubborn, rigid, unapproachable, distant, critical, and insensitive.
Peacemaker: (Blue) Other directed Likes popularity, closeness, affirmation, kindness, and caring. Dislikes insensitivity, dissension, insincerity, and egotism.	DO Remember their need to keep everybody happy Treat them fairly, supportively, and openly. Appeal to their principles and values. Remember their skill at keeping peace. Allow them opportunities to interact with others	Strengths: devoted, enthusiastic, helpful, trusting, sensitive, good listener, good friend, gregarious, peacemaker, and team-oriented. Limitations: Too other-oriented, indecisive, impractical, vulnerable, hesitant, and subjective

Designer: (Yellow) Task directed Likes perfection, autonomy, consistency, practicalness, and information. Dislikes over-assertiveness, carelessness, arrogance, and fakes.	Work with them to set deadlines and be realistic not perfectionistic. Give them space to operate Pay attention and appreciate their need for substance and credibility Recognize they are practical and emotional Listen. They may not be the boldest or first to present ideas, but they have good ones.	Strengths: exacting, thorough, factual, meticulous, practical, calm, risk-avoider. Limitations: slow to get things done, perfectionistic, shy, passive.
Free Spirit (Red) Group directed Likes attention, achievement, adventure, excitement, spontaneity. Dislikes low enthusiasm, waiting, indecision, convention.	Channel their energy in appropriate directions Respect their need for socializing Reward their efforts with your enthusiasm. Allow them the flexibility to be creative make sure they get lots of credit.	Strengths: persuasive, risk-taker, competitive, change-oriented, socially skilled, inspiring, confident, open, direct and outgoing. Limitations: pushing, intimidating, overbearing, restless, impatient, manipulative, abrasive, reactive, dominating.

Complete the attached memo and initial it.

Place memo in the envelope provided, seal the envelope, and address it to yourself.

Drop the envelope in the evaluation box when you leave.

DATE:

TO: Me

FROM: Me

RE: Thoughts and plans from the Building Opportunities workshop

• • • • • •

The most intriguing thing I learned at this workshop was:

As a result of today's workshop, I realize that I have a need for:

Number 1.

Number 2.

I will meet these needs by taking these steps:

For need number 1 I will. . .

For need number 2 I will. . .

I will take the following responsibility for improving my teams' effectiveness:

Evaluation Forms

Shared Opportunities

Supporting Inclusion Through Consultation Services
Day One Feedback Form

I came to this workshop wanting. . .

The most valuable
partof today's training was. . .

I
still don't
understand. .

I would like more
information about. . .

SHARED OPPORTUNITIES
Workshop Evaluation

We would like for you to give us your honest opinion on the design, delivery, and value of this workshop. Your comments and suggestions are important for the planning of future training efforts.

Please circle the number that indicates your response.

		Not at all	Somewhat			Very much
1.	The workshop was well organized and presented.	1	2	3	4	5
2.	The notebook/handouts were useful and applicable.	1	2	3	4	5
3.	There were opportunities to ask questions, get involved, and apply concepts.	1	2	3	4	5
4.	The workshop was effective in facilitating the development of our team.	1	2	3	4	5
5.	To what extent did the information you received:	1	2	3	4	5
	• change your perception of serving children with disabilities in inclusive settings?	1	2	3	4	5
	• seem relevant and practical for your job?	1	2	3	4	5

As a result of participation in this workshop I plan to:

Suggestions for future training opportunities:

Other comments:

BUILDING OPPORTUNITIES

Workshop Evaluation

We would like for you to give us your honest opinion on the design, delivery, and value of this workshop. Your comments and suggestions are important for the planning of future training efforts.

Please circle the number that indicates your response.

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